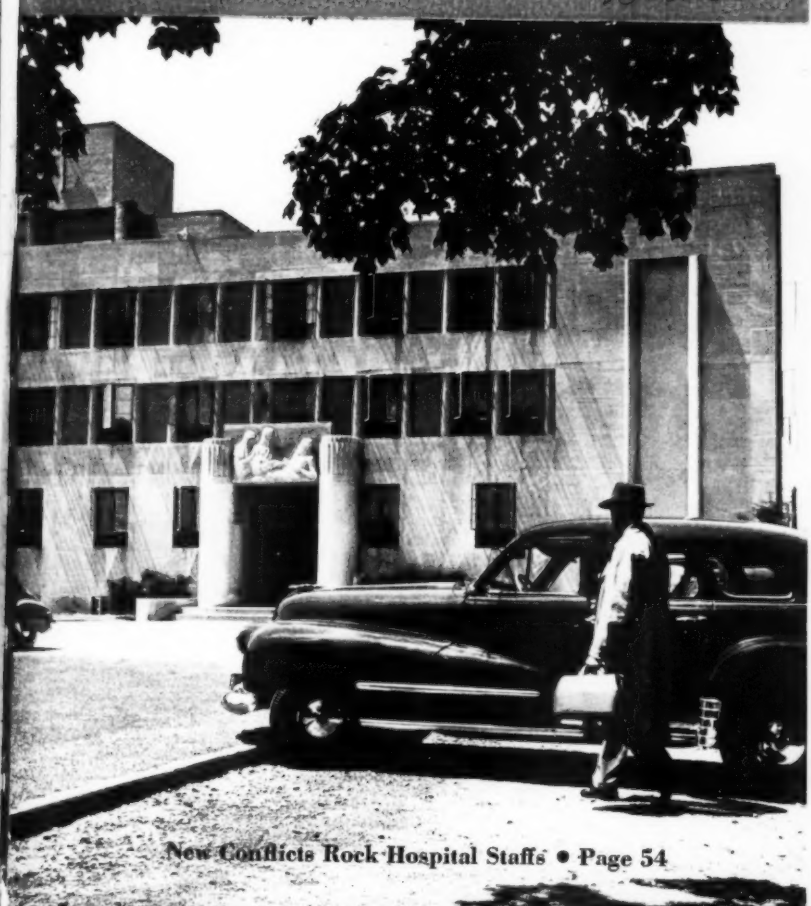
October

Medical Economics



New Conflicts Rock Hospital Staffs • Page 54

MERCODOL provides prompt, selective relief that doesn't interfere with the cough reflex needed to keep throat passages and bronchioles clear.

This complete, pleasant-tasting prescription contains a *selective* cough-controlling narcotic[1] that doesn't impair the beneficial cough reflex . . . an effective bronchodilator[2] to relax plugged bronchioles . . . an expectorant[3] to liquefy secretions. Remarkably free from nausea, constipation, retention of sputum, and cardiovascular or nervous stimulation.

MERCODOL®

THE ANTITUSSIVE SYRUP THAT CONTROLS COUGH—*KEEPS* THE COUGH REFLEX

An exempt narcotic

MERCODOL with DECAPRYN®
for the cough with a specific allergic basis.

Merrell
1828
CINCINNATI • U.S.A.

Each 30 cc. contains:

[1]	Mercodinone®	10.0 mg.
[2]	Nethamine® Hydrochloride	0.1 Gm.
[3]	Sodium Citrate	1.2 Gm.

Medical Economics

* * * *October 1950* * * *

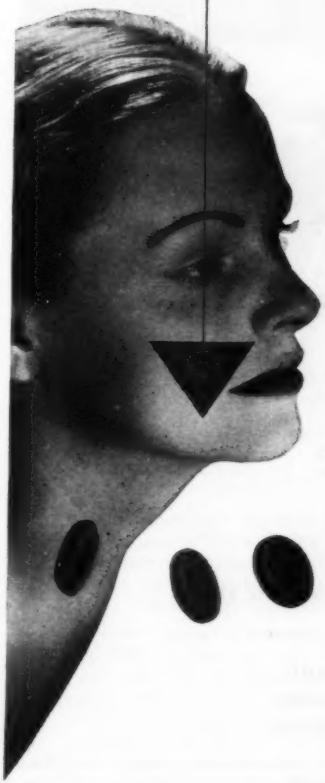
[CONTINUED ON FOLLOWING PAGE]

Contents [*Continued*]

DEPARTMENTS

CCA MEDICAL ECONOMICS, October 1950 issue, published monthly by Medical Economics, Inc., 210 Orchard Street, East Rutherford, N.J. Copyright 1950. 25c a copy, $3.00 a year (Canada and foreign, $3.50). Application is pending for acceptance under Section 34.64, PL&R. Circulation: 127,000 physicians and residents. NBP ☆ PICTURE CREDITS: Cover, 55, 75, Harris-Pix; 62-69, Maynard L. Parker; 80, 82, Black Star.

when a Lozille is dissolved slowly in the buccal sulcus...



The antibacterial action is ***powerful...***

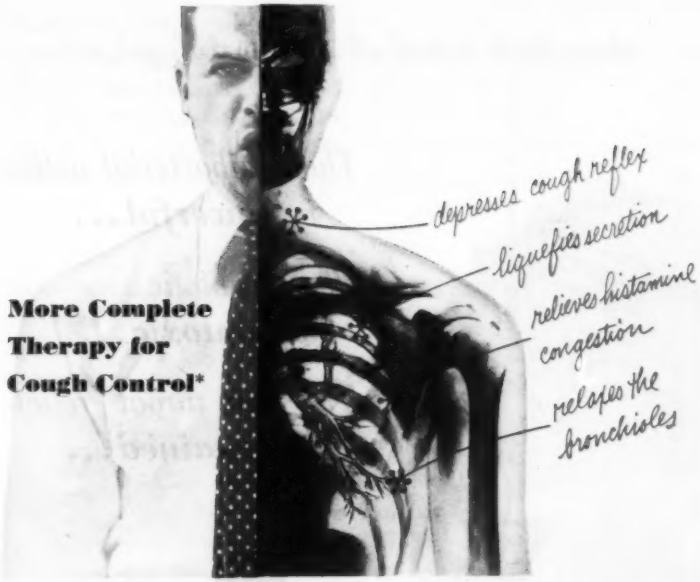
The antibiotic is ***nontoxic...***

The "sore throat" relief is ***sustained...***

LOZILLES ***Tyrothricin-propesin lozenges***

Pleasantly flavored, each Lozille contains 2 mg.—an effective dosage—of tyrothricin, and 2 mg. of propesin for prompt, prolonged analgesia. Bottles of 15.

WHITE LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N. J.



More Complete Therapy for Cough Control*

Pyribenzamine® Expectorant

A Unique Combination of Non-narcotic Drugs

Anesthetic
Decongestant
Antispasmodic
Antihistaminic

FORMULA—Each teaspoonful (4 cc.) contains 30 mg. Pyribenzamine (tripelennamine) citrate, 10 mg. ephedrine sulfate, and 80 mg. ammonium chloride.

DOSAGE—Adults, 1 to 2 teaspoonfuls every 3 to 4 hours. Children, half the amount at same interval. Followed by full glass of water.

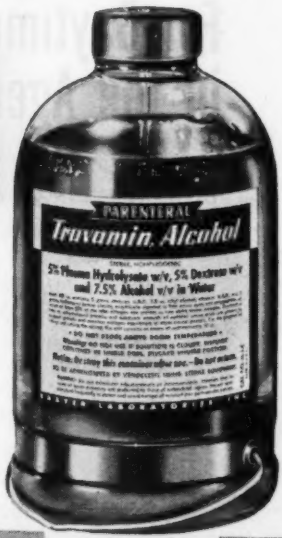
Ciba **PHARMACEUTICAL PRODUCTS, INC., SUMMIT, N. J.**
2/1888M

PYRIBENZAMINE A NO. 1 ANTIHISTAMINIC

Rely on

3 liters...daily

Travamin 5%,*
Dextrose 5%,
Alcohol 7½%
to



bridge the postoperative gap of

dietary insufficiency

It is now possible to provide the surgical patient parenterally with 2400 calories a day,[1] an equivalent of 112 grams of dietary protein, and at the same time supply the water usually considered a desirable minimum to promote recovery.[2]

The combination of ***Travamin 5%, Dextrose 5%, Alcohol 7½%*** supplies the calories and permits the amino acids and polypeptides to be used for tissue repair and protein regeneration. With the essential elements of nutrition provided parenterally, the postoperative period of nutritional insufficiency can be reduced or entirely eliminated.[1]

Product of
BAXTER LABORATORIES, INC.
Morton Grove, Illinois

1. RICE, CARL O., ORR, BURTON, and ENQUIST, IRVING: Parenteral Nutrition in the Surgical Patient as Provided from Glucose, Amino Acids and Alcohol, *Ann. Surg., 131:289, 1950.*

2. MADDOCK, WALTER G.: Some Fundamentals in Water and Electrolyte Balance, *Ohio St. Med. J., 45:468, 1949.*

**formerly Protein Hydrolysate, Baxter*

DISTRIBUTED AND AVAILABLE ONLY IN THE 37 STATES EAST OF THE ROCKIES (except in the city of El Paso, Texas) THROUGH

AMERICAN HOSPITAL SUPPLY CORPORATION

GENERAL OFFICES • EVANSTON, ILLINOIS

For Daytime Sedation in the Aged

Urging the "*selection of specific barbiturates for specific purposes,*" Dripps[1] writes of his results with Butabarbital Sodium (Butisol Sodium):

> "Fifteen of the patients receiving prolonged sedation were 65 years of age or older. The results of 15 mg. doses in these patients were remarkably good. The patients were suffering from such conditions as peptic ulcer, coronary occlusion, hyperthyroidism, congestive heart failure and hypertension . . .
>
> "Anxiety states in the older age groups appeared to respond well to small doses of the sedative."

The action of Butisol Sodium is "intermediate between the fast-acting derivative, pentobarbital, and the longer-acting barbital and phenobarbital."[2]

Butisol is "destroyed fairly rapidly in the body."[2] With proper regulation of dosage there is no cumulative action and a minimum of lethargy and "hang-over."

DOSAGE FORMS:

Elixir Butisol Sodium, 0.2 Gm. (3 gr.) per fl. oz., green.

- Tablets, 15 mg. (¼ gr.), lavender
- Tablets, 30 mg. (½ gr.), green
- Tablets, 50 mg. (¾ gr.), orange
- Tablets, 0.1 Gm. (1½ gr.), pink
- Capsules, 0.1 Gm. (1½ gr.), lavender

1. Dripps, R. D.: Selective Utilization of Barbiturates, J.A.M.A. **139**: 148-150 (Jan. 15) 1949.
2. New & Nonofficial Remedies, Council on Pharmacy and Chemistry, A.M.A., J. B. Lippincott, 1949, pp. 456-457.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY

Butisol® Sodium

BRAND OF BUTABARBITAL SODIUM

McNEIL LABORATORIES, INC., PHILADELPHIA 32, PENNSYLVANIA

when iron-deficiency anemias **need to be corrected quickly**

'Feojectin', a stable solution of saccharated iron oxide, is particularly indicated for those iron-deficiency anemias that need to be corrected quickly, e.g., before surgery, in late pregnancy, etc. Extensive clinical trials have confirmed the rapid effectiveness of this completely new form of iron for *intravenous injection only*.

Slack and Wilkinson report:

"In almost all the patients there was a rapid and complete amelioration of such classical symptoms of anemia as dyspnoea, palpitations, tiredness, loss of appetite, and dyspepsia." (Lancet, Jan. 1, 1949)

Feojectin

a completely new form of iron therapy

'Feojectin' is supplied in boxes of six 5 cc. ampuls. (Each ampul contains the equivalent of 100 mg. of elemental iron.)

Smith, Kline & French Laboratories, Philadelphia

'Feojectin' Trademark

Memo from the Publisher

• This issue marks the twenty-seventh anniversary of MEDICAL ECONOMICS. It also marks the start of a new circulation policy never before tried in the medical field.

How does the change-over affect you? Here's the story:

Up till now, this magazine has reached the bulk of its readers without benefit of formal invitation. That's the principle of controlled circulation—where a hand-picked audience automatically gets the magazine free of charge.

M.E. introduced this principle to doctors back in 1923. Over the years, it has served its purpose well. But now a new refinement is being added:

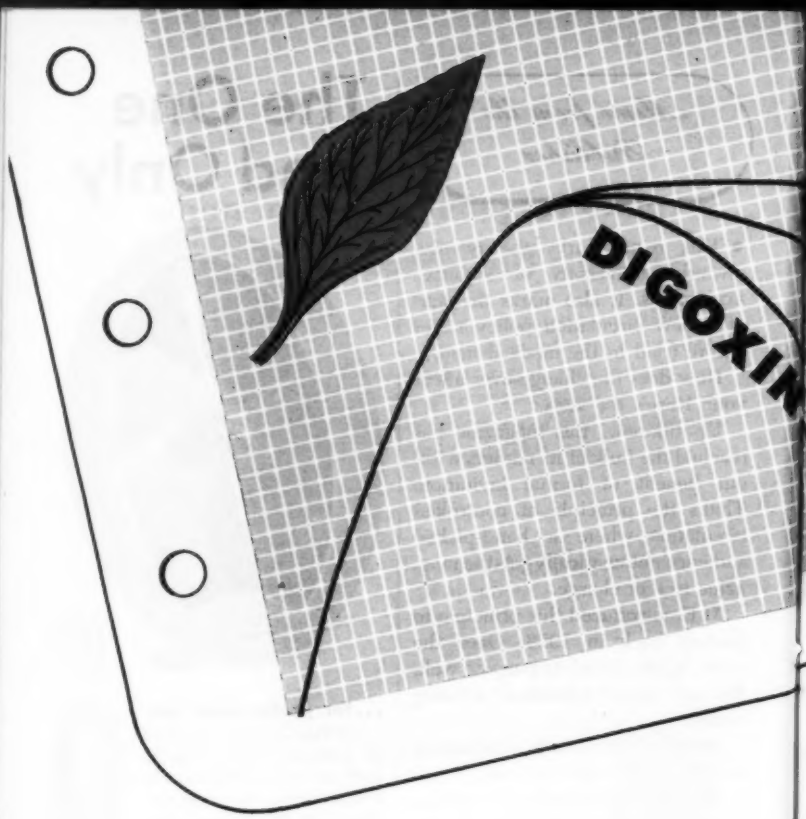
MEDICAL ECONOMICS is switching over to a subscription basis.

Not *paid* subscription; if you are an active, private physician below retirement age, you can still get M.E. without charge. But only if you have filled out, signed, and submitted a special request form.

Most of you, as a matter of fact, have already sent us the required form. And thereby hangs a tale.

Last fall, when we laid our plans for changing over to subscription circulation, there was a big, unanswered question in all our minds. It went like this:

"Exactly how high a percentage of this country's private practitioners



Intermediate duration of action plus an adequate margin of safety has directed the action of leading cardiologists to the glycosidal extract of Digitalis purpurea—

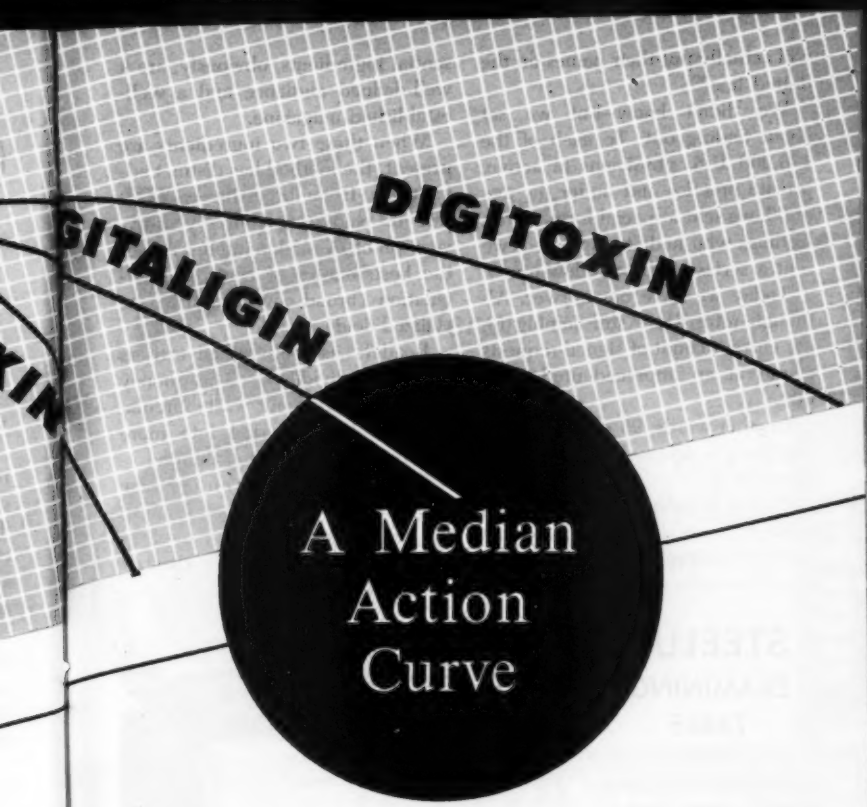
GITALIGIN*

(ji-tal-i-jin)

GITALIN (AMORPHOUS)

CARDIOACTIVE GLYCOSIDE OF DIGITALIS PURPUREA

Trial supply and literature on request



The action and therapeutic scope of this preparation have been carefully studied by Batterman and co-workers, who describe Gitaligin as a "... digitalis preparation of choice for the usual treatment of the patient with congestive heart failure."**

Gitaligin is notable for uniformity in clinical potency and predictability of dosage (expressed in weight, not units). Investigational evidence indicates that Gitaligin is practically completely absorbed from the bowel.

Approximate Maintenance Dosage Equivalents—Ambulatory patients, 0.5 mg. Gitaligin approximates 0.1 Gm. digitalis leaf; 0.1 mg. digitoxin; 0.5 mg. digoxin; 1.0 mg. Lanatoside C.

Supplied as scored tablets, each tablet providing 0.5 mg. of gitalin (amorphous) in bottles of 30 and 100.

*"Gitaligin" Brand of gitalin (amorphous) is a trademark of White Laboratories, Inc.

**Batterman, A. C., and co-workers: Studies with Gitalin (amorphous) for Treatment of Patients with Congestive Heart Failure, Federation Proc. 9:256-257 (March), 1950.

WHITE LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N. J.

will actually put their names on the dotted line?"

We didn't know—but we set about finding out. To each of the 133,000 U.S. physicians in active, private practice and under the age of 66, we sent a special form. Later, to those who hadn't responded, we sent a series of three follow-ups.

Today we have our answer. Although returns are still coming in, our current count of signed requests stands at an unprecedented 127,000.

In other words, *96 per cent* of all eligible physicians have already subscribed!

Only a handful of publications in the U.S. use this certified-request method of circulation. The two essential ingredients, obviously, are a well-defined audience and a well-established magazine.

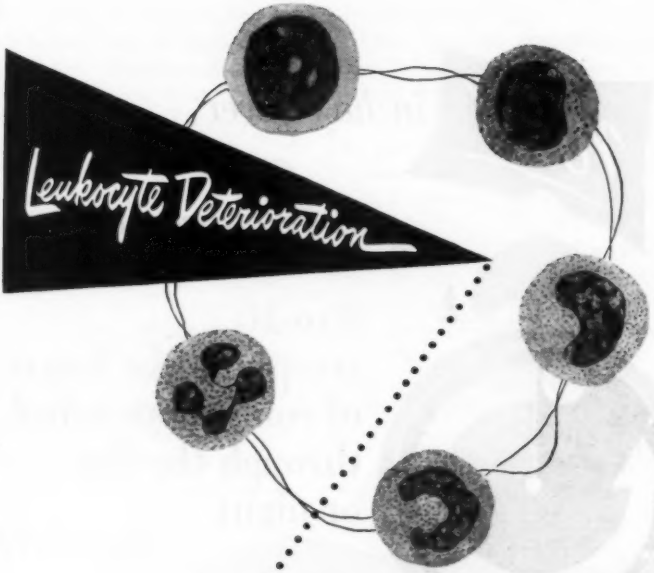
When these two ingredients are present, the method has distinct advantages. It combines the best feature of paid circulation (year-by-year proof of reader interest) with the best feature of controlled circulation (broad coverage of a specialized field).

Readers as well as advertisers reap the dividends. The money saved by cutting out waste circulation can be converted into more and better articles each month.

That's why we look on our new circulation policy as a milestone in the development of M.E.

—LANSING CHAPMAN

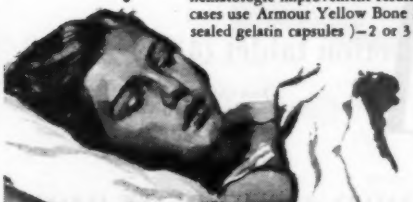
Leukocyte Deterioration



The patient's poor color, drowsiness or restlessness may indicate leukocyte deterioration, an occasional result of chemotherapy with sulfonamide or arsenicals.

ARMOUR YELLOW BONE MARROW CONCENTRATE

has proved to be of value in this type of granulocytopenia as well as in agranulocytic angina. Clinical improvement may be observed within 48 hours after start of this medication—followed by distinct increases in the number of granulocytes. Dosage: In severe cases: teaspoonful doses every 4 hours until a satisfactory clinical and hematologic improvement results. After critical phase and in mild chronic cases use Armour Yellow Bone Marrow Concentrate Glanules. (4 minim sealed gelatin capsules)—2 or 3 glanules t.i.d.



Supplied in 2 oz. and ½ oz. dropper bottles and 4 minim glanules, boxes of 50 and 100.

Have confidence in the preparation you prescribe — specify "Armour"

ARMOUR *Laboratories*

HEADQUARTERS FOR MEDICINALS OF ANIMAL ORIGIN • CHICAGO 9, ILLINOIS

● Puffer admits there's more nourishment in food than in a tobacco leaf, but somehow the dining table finds him "hardly ever hungry." Like his anoretic cousins—the hurriers, the worriers, the topers—he's heading for a subclinical vitamin deficiency. When you write out his new dietary regime, why don't you also prescribe DAYAMIN? Each capsule contains six essential vitamins plus pyridoxine and pantothenic acid. One daily as a supplement; two or more for therapeutic use. Supplied in bottles of 30, 100 and 250. For the particular patient, prescribe DAYAMIN Liquid—with the citrus-like flavor and odor. Available in 90-cc., 8-fluidounce and 1-pint bottles. Abbott

prescribe **Dayamin**®

(Abbott's Multiple Vitamins)

Note the formula

Each DAYAMIN capsule contains:

Vitamin A	10,000 U.S.P. units
Vitamin D	1000 U.S.P. units
Thiamine Hydrochloride	5 mg.
Riboflavin	5 mg.
Nicotinamide	25 mg.
Pyridoxine Hydrochloride	1.5 mg.
Pantothenic Acid (as Calcium Pantothenate)	5 mg.
Ascorbic Acid	100 mg.

Triple treatment for DIARRHEA

(specific and nonspecific)

SHARP & DOHME

Diarrhea is a nuisance, "one of the commonest symptoms of illness in the human race,"* and a real menace, accounting for nearly 1% of deaths reported in the United States. In ten Southern states, in 1946, more deaths were reported due to diarrhea than to typhoid and scarlet fevers, pertussis, diphtheria, malaria, measles, and poliomyelitis combined!*

Cremosuxidine® offers a new, palatably flavored, exceptionally effective triad for control of specific and nonspecific diarrheas: potently bacteriostatic, relatively nontoxic *Sulfasuxidine*®, detoxicant *pectin*, and protective, adsorbent *kaolin*. *Cremosuxidine* may be administered for bacillary dysentery, paradysentery, salmonellosis, diarrhea of the newborn, and so-called "summer complaint." Supplied in *Spasaver*® bottles containing 16 fluidounces. Sharp & Dohme, Philadelphia 1, Pa.

*Gray, A. L.: Southern Med. J., 43:320, April, 1950.

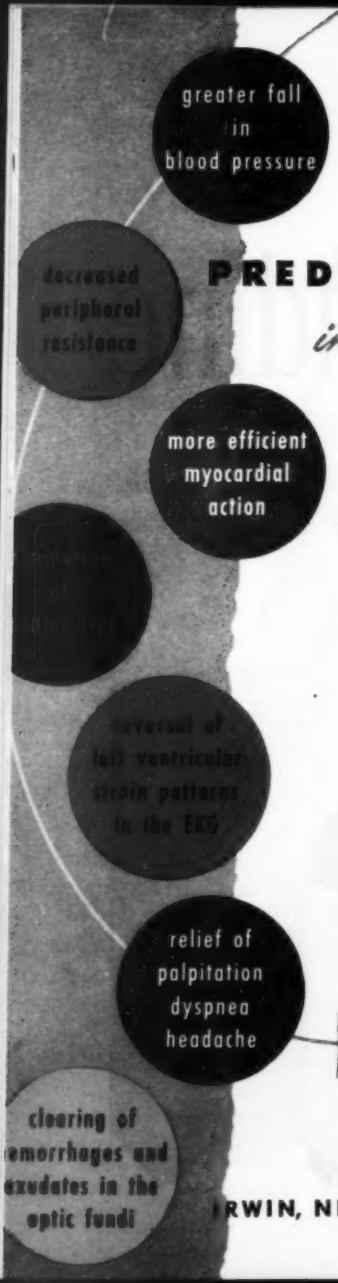
Cremosuxidine®

Suspension of

1 *Sulfasuxidine®* succinylsulfathiazole, 10.0%

2 *Pectin*, 1.0%

3 *Kaolin*, 10.0%



PREDICTING RESPONSE

in essential hypertension

Striking objective improvement, in the individual case, can be obtained with veratrum viride Biologically Standardized in Craw Units, as available in VERATRITE and VERTAVIS.

A Therapeutic Alternative

In mild and moderate hypertension (Grades I and II) which accounts for more than 70 per cent of all hypertensive cases, VERATRITE is the choice of therapy and may be used routinely in everyday practice without undesirable side-effects. VERATRITE contains, in each tabule, veratrum viride (3 Craw Units) with sodium nitrite and phenobarbital.

In severe, resistant hypertension (Grade III) *and hypertension complicated by cardiac failure,* VERTAVIS can effect dramatic response. Adequate supervision of the patient and fine adjustment of dosage to the individual case are essential. VERTAVIS is a single agent, containing in each tablet veratrum viride (10 Craw Units).

Samples and literature on both VERATRITE and VERTAVIS, including clinical reports, are available on request.

Veratrite®
for mild and moderate hypertension

Vertavis®
for severe, resistant hypertension

IRWIN, NEISLER & CO. • DECATUR, ILLINOIS

Panorama

Doctors have made some 15,000 speeches throughout country against socialized medicine in past year, reaching large mass meetings as well as small groups, Whitaker & Baxter report . . . Today's "premedical education" is a waste of time, says Dr. Willard C. Rappleye, dean of Columbia University's Faculty of Medicine, in again demanding liberal-arts training to prepare doctors for life as well as for medicine . . . Rhode Island Medical Society, like Wisconsin's, now is backing two prepay programs: a nonprofit plan and a commercial-company program.

Voluntary subsidy of medical schools, to avert Federal intervention, is aim of new National Fund for Medical Education, which will try to interest big corporations in making regular contributions . . . Capsule descriptions of other nations' social security programs (including medical benefits) recently issued by World Medical Association . . . Seventeen per cent of U.S. drinkers imbibe almost every day, says Gallup Poll . . . Boning up for lecture in favor of compulsory sickness insurance, an Illinois lawyer read copy of state medical society's "Speakers' Notes." He went on to make speech *against* compulsory program.

Blue Cross testing ways to cover "catastrophic" cases; Associated Hospital Service, New York, now offers full benefits for acute phases of polio . . . Barter brought bargains: 1873 records of late Dr. Robert M. Craig, Newbern, Va. show a $12.50 medical credit to patient in return for year's care of doctor's horse; another entry shows allowance of $19.50 to man who supplied doctor with 900 pounds of pork . . . Backing this magazine's plea for bigger and better prepay plans,

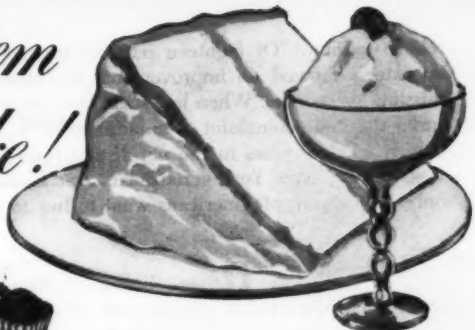
Clem Whitaker says: "Ten years from now, we'll all be a little ashamed of the kind of coverage we were selling in 1950. We're at the same stage of development as television" . . . Editorials, news items, and newspaper readers' letters that criticize medicine are examined by Rhode Island Medical Society, which then gives straight facts to editors. "In every case," it says, "better press relations have resulted."

Beyond call of duty: In Brooklyn, N.Y., brain specialist Everett Corradini got out of hospital sickbed to perform cerebral operation on dying policeman. In Perth, Australia, Dr. William Milne raced 60 miles into wilderness, amputated badly injured arm of rancher, transfused his own blood to patient . . . A national leader in rehabilitation methods, Dr. Howard A. Rusk, now heads up committee that will advise National Security Resources Board on health problems related to mobilization and atomic war.

Representative John D. ("Never-Say-Die") Dingell tells Congress that doctors now spend their time whispering "poisonous propaganda into the ears of dying patients," instead of giving "advice and succor" . . . Illinois physicians pushing a state-wide program to give pre-school examinations to all youngsters, regardless of circumstances . . . New medical school of the University of Puerto Rico, San Juan, drew its dean, Dr. Donald S. Martin, from Duke University, department heads from medical schools at Cornell, Columbia, North Carolina, Minnesota, etc. . . . Los Angeles referendum next month will decide hotly-debated question of whether pound animals should be made available for medical research.

Most fascinating communication of the month: unsigned postal card to M.E.'s editor, bearing printed warning: "Everybody's going nuts except the psychiatrists." Postmark: Washington, D.C. . . . New medical-dictation system, designed for medical groups and hospitals, has network of phones throughout building connected with central recording machine . . . Too many statistics on cures and near-cures make journals boring, says Detroit Medical News. It offers this item to

lets them eat cake!



Specifically designed for the patient with carbohydrate indigestion, LIQUID TAKA-COMBEX is especially valuable when caloric needs and vitamin requirements are greatest—in illness, convalescence, pregnancy and lactation. The enzyme, Taka-Diastase® is a potent starch digestant; the B-complex vitamins are essential for carbohydrate metabolism. Together, in LIQUID TAKA-COMBEX, this enzyme-vitamin team facilitates absorption and utilization of starchy foods.

LIQUID TAKA-COMBEX®

starch digestant plus B-vitamins

LIQUID TAKA-COMBEX, pleasing in taste and appearance, convenient as a vehicle for other medication, is especially suited to children and the aged.

Dosage: Two or more teaspoonfuls during or immediately following meals. ***Children:*** according to weight and condition.

Each teaspoonful (4 cc.) contains:

Taka-Diastase (Aspergillus oryzae enzymes	2½ grains
Vitamin B_1 (Thiamine Hydrochloride)	2 mg.
Vitamin B_2 (Riboflavin)	1 mg.
Vitamin B_6 (Pyridoxine Hydrochloride)	0.5 mg.
Pantothenic Acid (As the Sodium Salt)	2 mg.
Nicotinamide (Niacinamide)	5 mg.

This new liquid preparation, supplied in 16-ounce bottles, is in addition to the familiar Taka-Combex Kapseals in bottles of 100 and 1000.

PARKE, DAVIS & COMPANY

MEDICAMENTA VERA

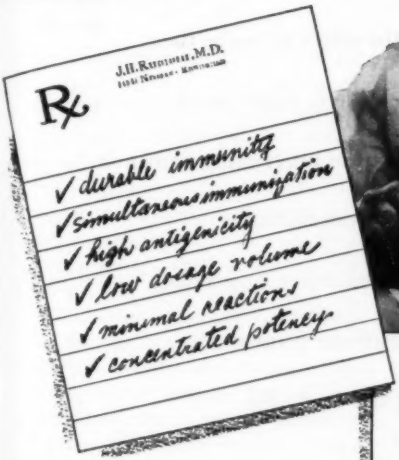
relieve tedium: "Of eighteen patients treated with Compound Z, sixteen showed no improvement; the other two have been missing for months. When last seen, they were still having nocturia—the same complaint as on admission" . . . Life expectancy may reach 125 years in the not-distant future, says Dr. Martin L. Gumpert, New York geriatrician. But Gallup Poll finds that only 57 per cent of Americans want to live to be 100.

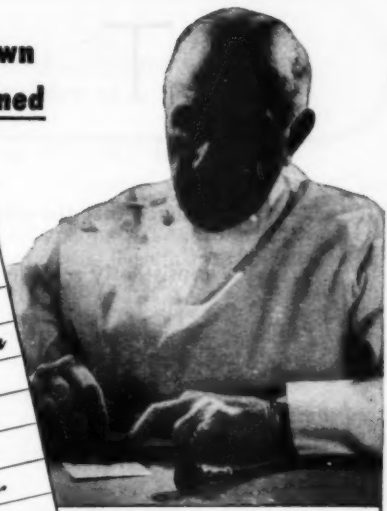
Driver's license in New Jersey next year will note holder's blood type, in case he needs quick transfusion after atomic disaster . . . Dying in harness at 64, Dr. C. Charles Burlingame, noted psychiatrist, maintained to end that no person should be forced to retire simply because of age . . . Television in reception room of Dr. Stanley Hollenbeck, Milwaukee, keeps waiting patients interested—too interested, he reports: Many ask to defer consultation until program's end . . . Up to one-third of nation's non-tax-supported medical schools will quit in next few years if Federal aid is not forthcoming, claims Dr. Dean A. Clark, president of Cooperative Health Federation.

High school students throughout country debating subject, "Resolved, that the people should reject the welfare state" . . . Hold everything, Mother: A user of Britain's state medical scheme called London hospital to make arrangements for his pregnant wife, was told: "We can let you have a room in a year and a half" . . . Crowding in U.S. mental hospitals is becoming even more critical. Figures just released show 600,000 persons—equal to population of Nevada and New Hampshire—so hospitalized year before last. Three states had average mental hospital enrollment 50 per cent higher than rated capacity.

Top producer of AMA presidents is Kentucky, Dr. Elmer Henderson being its seventh native son to make the grade . . . Ernest Bevin, Britain's Foreign Secretary, is catching hell from fellow Socialists for taking his hemorrhoids to private, fee-for-service surgeon instead of using National Health Service . . . U.S. doctors collected $2,267,000,000 for services in 1949, or about 1.2 per cent of all money spent on personal goods and services, reports Department of Commerce.

If you wrote your own prescriptions for combined toxoids you'd want:





Naturally, Doctor, you would prescribe the best possible combination of all these advantages—advantages found only in Cutter combined toxoids featuring Alhydrox*.

Alhydrox, not only a Cutter "first" but a Cutter "exclusive", is the adsorbing agent that builds durable immunity by holding vaccine in the tissues longer, releasing it slowly to build peak immunity. Too, Alhydrox acts as a carrier which makes it possible to get the antigen *intact* from the site of injection to the actual site of antibody formation.

You get these six advantages only with Cutter Dip-Pert-Tet Alhydrox®†

1. **Simultaneous immunization** against DIPHTHERIA, PERTUSSIS, TETANUS.
2. **High pertussis count**—each cc. contains *30,000* million H. pertussis organisms.
3. **The high antigenic value** of potent Phase I, H. pertussis organisms.
4. **Low dosage volume** — standardized at three injections of 0.5 cc. each for basic immunization—booster dose, one 0.5 cc. injection.
5. **Fewer reactions** from non-antigenic substances because of improved purification.
6. **Durable immunity** with Aluminum Hydroxide *(Alhydrox)* adsorption which increases antigenicity. (A Cutter exclusive.)

Specify... **Cutter Dip-Pert-Tet ALHYDROX**

**Cutter Trade Name for Aluminum Hydroxide*

†Dip-Pert-Tet Alhydrox—Purified Diphtheria and Tetanus Toxoids and Pertussis vaccine combined, Aluminum Hydroxide adsorbed.

CUTTER LABORATORIES • BERKELEY, CALIFORNIA

Speaking Frankly

Draft

I read with consternation about the proposed draft of physicians up to age 50. We doctors don't deserve any special privileges, but we do deserve as much consideration as our neighbors engaged in other occupations. I object bitterly to having my profession, or any other minority group, singled out for discriminatory draft legislation.

The Government may have a claim on the doctors who received their medical training at Government expense under the ASTP and V-12 programs. But I see no justice in forcing other doctors into service ahead of bankers, lawyers, butchers, and bakers of comparable age, physical qualifications, and dependency obligations.

M. Foster Whitten, M.D.
Carthage, Mo.

Druggists

So the American Pharmaceutical Association "raps physicians who operate drugstores" (July MEDICAL ECONOMICS)! The unmitigated gall of the druggists surprises me. Until they stop prescribing over the counter, they have no right to gripe about doctors.

Many's the time I've stood at a drugstore counter and heard people describing their ailments to the drug clerk. Does he think of referring them to a medical office, where they belong? Not by a long shot. He prescribes a tonic, a tablet, a pill, sometimes even a complete treatment for such things as venereal disease.

We doctors are probably to blame. We've been loath to antagonize our pharmacists. But it's time to crack down. It's time to put some restraints on drugstore medical practice.

M.D., Illinois

Loyalists

Let the "loyal opposition" (June, September M.E.) remember the old Quaker dictum, "If you would have a better world, start in your own community." Members of this group have previously done little to indicate their interest in the AMA. They ought to become active in their local medical societies. They ought to relay their ideas through existing channels, so that AMA leadership may be strengthened and guided along the lines the grass roots want.

At 535 North Dearborn Street, the former citadel of senile smugness, many of the sclerotic philo-

sophers have been swept out. When we get rid of the last of the stuffed shirts, we are headed for more intelligent leadership. I think the "loyal opposition" had better take off their professorial togas and put on the overalls of a rank-and-file worker in this cause.

Hilton S. Read, M.D.
Atlantic City, N.J.

I have learned much from my observations of the situation in England. There the medical profession lost out because it became divided. My chief criticism of those who choose to call themselves the "loyal opposition" is that they, no doubt innocently, are dividing American medicine.

M.D., Connecticut

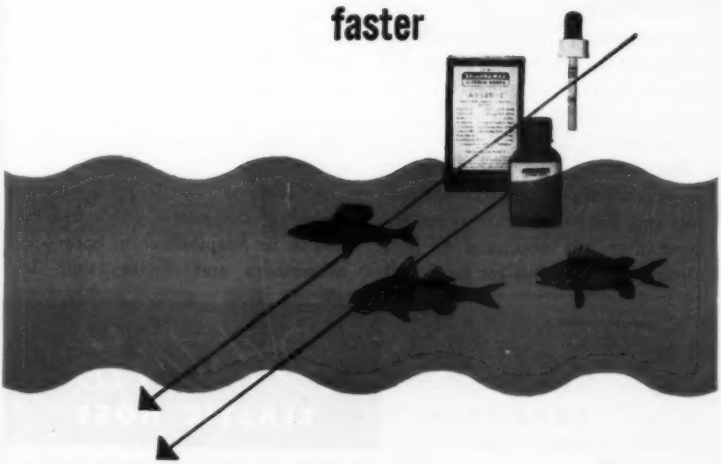
It is difficult to disagree with the specific suggestions made by the "loyal opposition." AMA leaders *have* been lulled into a sense of false security via Whitaker-Baxter propaganda. They actually believe the stuff to the point that they are convinced "we are ready to go to the people for a vote." But talk with a few average Americans and you'll quickly discover that their medical care problems are nowhere near solved. Perhaps then you'll try to do something about it—through county and state medical organizations.

M.D., Pennsylvania

Quandary

Is it a good idea to send Christmas cards to patients? I'm beginning to

water
gets
the oil
there
faster



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VITAMIN A (natural)	5,000 units
VITAMIN D (natural)	1,000 units
ASCORBIC ACID	50 mg.
THIAMINE	1 mg.
NIACINAMIDE	5 mg.
RIBOFLAVIN	.4 mg.
PYRIDOXINE	.1 mg.
PANTOTHENIC ACID	2 mg.

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wonder. Maybe some other practitioners will submit their views on this to MEDICAL ECONOMICS, for the benefit of those who—like me—are frankly undecided whether sending Christmas cards is good policy professionally.

John H. Roberts, M.D.
Cotati, Calif.

Democracy

In your article, "Ways to Curb the Fringe Physician," it is suggested that medical societies start an intensive membership drive.

Excellent!

But why not accept *first* the many physicians who apply for membership and are turned down—not because they are unethical or have criminal records, but for local political and jealousy reasons. The AMA should impress on its local societies the need for handling applications with fairness and democratic justice, not with a spirit of personal advantage and unjustified hatred.

M.D., Arkansas

Prepayment

In your pages recently, Dr. Paul R. Hawley made some comments about "abuse of privileges" by Blue Cross subscribers and doctors. Is it abusing a privilege to give a patient what is promised in his contract?

As long as Blue Cross insists on including diagnostic *medical* services in its *hospitalization* contracts, subscribers and doctors will de-

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As you go your daily rounds, often exposed to all manner of infectious organisms, you can minimize their danger by frequent use of Gamophen, the new soap containing hexachlorophene, the most effective, longest-acting skin antiseptic known.

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STANDARD SET comprises ophthalmoscope head (with built-in color filter and aperture changer), otoscope head with 3 specula, medium battery handle and one spare lamp, in plush-lined case, with space for additional specula and tongue depressor.

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LARGE SET contains otoscope head, 5 ear and 1 nasal specula, ophthalmoscope head (with built-in color filter and aperture changer), large battery handle, 1 extra lamp, with provision in case for tongue depressor head, additional specula and lamp replacement.

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PROFESSIONAL SET. This, the most complete Wappler set, incorporates an otoscope head with 5 ear and 1 nasal specula, tongue depressor head, ophthalmoscope head (with built-in color filter and aperture changer), large battery handle, extra lamp, and rubber bulb for insufflation.

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Chemically Standardized Veratrum Viride Is Effective in Hypertension

Much has been written pro and con about the value of veratrum viride in hypertension. For many years the drug has been in disrepute because of the fact that the preparations available on the market have been prepared by "hit or miss" methods.

Chemical standardization of veratrum viride, however, has provided in this drug a highly effective agent for the treatment of hypertensive patients.

Sollmann[1] states that veratrum is probably the most active and reliable cardiac depressant and that its use serves to slow and soften the pulse and lower the blood pressure.

Willson & Smith[2] state that veratrum viride possesses a vasodilating effect and because of this, it was demonstrated by Hite,[3] and Freis and Stanton,[4] that the drug lowered pressure in hypertension and gave symptomatic relief. Recent research tends to show that the decrease in blood pressure results more from peripheral vasodilation than from depression of cardiac output.

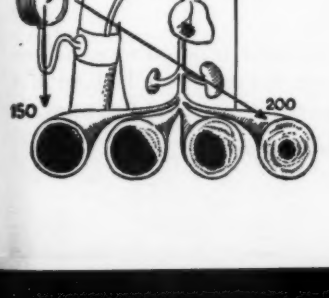
Uniformity of Action

When the veratrum alkaloids are chemically standardized, a uniform result can be expected. Their action usually causes a reflex fall in blood pressure and heart rate which originates in the afferent vagus nerve endings in the myocardium of the left ventricle and in the lungs. Although these factors ordinarily result with each heart beat, the veratrum alkaloids cause them to act continuously over prolonged periods of time. Reports have shown that 80 to 90 per cent of hypertensive patients respond to therapy when chemically standardized veratrum viride is used.

Cardio-Vascular Symptoms Cleared

In addition to the lowered pressure, objective signs of improvement may be observed, such as the clearing of retinal hemorrhages; diminution in cardiac size and reversal of left ventricular strain patterns in electrocardiograms.

Accompanying symptoms of the cardiac-hypertension syndrome, such as exertional dyspnea, tachycardia, nervous irritability, headache, are relieved. Yet, while the results of veratrum viride medication are prolonged, the drug may not afford quick relief.



Role of the Nitrites

For prompt and effective fall in blood pressure, nitroglycerin, which acts in one to two minutes, is the drug of choice. It acts rapidly and, because of its powerful vasodilatory action, gives the patient almost immediate relief. The action of nitroglycerin, however, is fleeting and to sustain lowered pressure between the action of nitroglycerin and veratrum viride, an intermediate is necessary.

To this end, sodium nitrite is used. This drug is also a vasodilator and affords sustaining relief until the long range action of chemically standardized veratrum viride becomes effective.

Importance of Sedation

Nearly all cases of hypertension require sedation for allaying periods of anxiety and affording the patient a good night's rest. Mild sedation is often useful, especially in cases associated with chronic coronary insufficiency.[5] It is well known that excitement may induce anginal attacks and in such cases, phenobarbital, because of its prolonged action, should be used.

All of these drugs, chemically standardized veratrum viride, nitroglycerin, sodium nitrite, and phenobarbital are to be found in Capsules RAY-TROTE IMPROVED, prepared by the Raymer Pharmacal Company of Philadelphia, Pa. Each capsule contains

Phenobarbital	15 mg.
Sodium Nitrite	30 mg.
Nitroglycerin	0.25 mg.

With the equivalent of Veratrum Viride Tincture 4 minims (containing 0.1% alkaloids)

RAY-TROTE IMPROVED is effective in dosages of one capsule every three hours. It is contraindicated when renal insufficiency is present, or if pulse becomes abnormally slow following treatment.

For the 30% of hypertensive patients with capillary fault, the above formula, with 20 mg. of Rutin added, is available in RAY-TROTE with Rutin.

Bibliography

1. Sollmann: A Manual of Pharmacology, W. B. Saunders Co. (1942).
2. Willson & Smith: J. Pharmacol., 79:208 (1943).
3. Hite: Ill. M. J., 90:336 (1946).
4. Freis & Stanton: Am. Heart J., 36:723 (1948).
5. Falk: South. M. J., 40:501 (1947).

Send for a liberal clinical supply of RAY-TROTE IMPROVED Capsules and descriptive literature today to Raymer Pharmacal Company, N.E. Cor. Jasper and Willard Streets, Philadelphia 34, Pa.

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ESKACILLIN 50 is supplied in 2 fl. oz. bottles providing 600,000 units of penicillin. ESKACILLIN 100 provides 1,200,000 units of penicillin in a 2 fl. oz. bottle.

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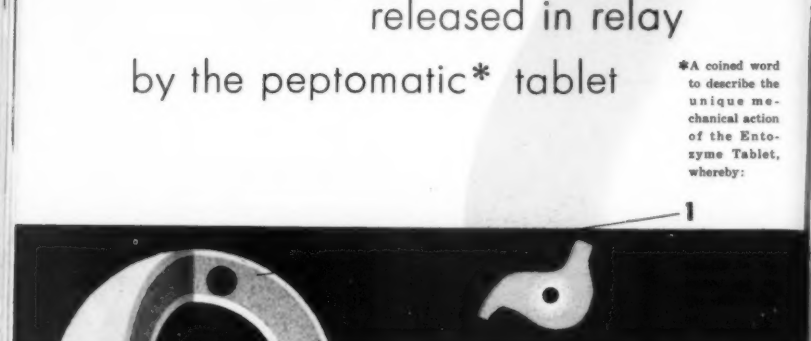
now... digestant enzymes released in relay by the peptomatic* tablet

*A coined word to describe the unique mechanical action of the Entozyme Tablet, whereby:



The multiform aid required in digestional dysfunction or imbalance may now be administered in a single tablet—Robins' Entozyme—which (by unique Peptomatic* action) releases pepsin, pancreatin and bile salts individually at the gastroenteric levels of respective optimal activity. Entozyme has proven particularly efficacious[1,2] in chronic cholecystitis, post-cholecystectomy syndrome, infectious hepatitis, pancreatitis, chronic dyspepsia, and peptic ulcer. It is also especially useful in nausea, anorexia, belching, flatulence and pyrosis.

formula:

Each specially constructed tablet contains pancreatin, U.S.P., 300 mg.; pepsin, N.F., 250 mg.; bile salts, 150 mg.

references

1. McGavack, T. H., and Klotz, S. D.: Bull. Flower Fifth Ave. Hosp., 9:61, 1946. 2. Weinberg, J., et al.: Am. J. Digest Dis., 15:332, 1948.

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Tre

mand the rights (not privileges) so guaranteed. Let us put the shoe where it belongs—on the foot of Blue Cross, which has "abused" the advantage it has over a small minority of practicing physicians by taking this diagnostic work out of physicians' offices and by having it done in the hospital.

George A. Unfug, M.D.
Pueblo, Col.

The $50- and $100-deductible policies have always been popular in automobile collision insurance. Why can't the same principle be applied to medical policies? For many minor procedures—tonsillectomy, circumcision, and such—Blue Cross and Blue Shield are nice but not a necessity. It's the major illnesses, where bills run into the hundreds of dollars, that pose the real threat to family finances. Few existing health plans meet that threat squarely.

Deductible policies would let the patient pay the first $50 or $100 of medical expense out of his own pocket. Above those amounts, he'd be fully protected. This would be a real step forward in the preservation of private medical care.

Henry P. Staub, M.D.
Minneapolis, Minn.

Floater

Readers of your August article, "How to Safeguard Your Belongings," may get the impression that a personal property floater is cheaper than separate policies in-

suring against fire, theft, and such. It isn't. A PPF is luxury insurance offering broader protection at a price.

Under such a policy, the physician who wants fire protection of $10,000 on his personal property must also pay for $10,000 of burglary protection. Yet his burglary risk may amount to only $2,000.

Suppose, for example, he wants to insure his baby grand piano against damage by fire. With a PPF, he must also pay the full burglary rate on it. Can you picture even the strongest-backed crook making off with a baby grand?

W. Clifford Klenk
Insurance Consultant
New York, N.Y.

Teachers

I would like to clarify one point in your September article, "Every Hospital a Teaching Hospital!" The failure of the teaching resident phase of the Bingham Associates program in Western Massachusetts does not indicate that the plan itself is at fault.

In the regional hospitals in Maine, Bingham teaching residents continue to serve as the focal point for what you call "on-the-job training" for staff physicians. The difference lies in the fact that in Maine, each teaching resident devotes his full time to one fairly large hospital, instead of trying to cover two or more smaller hospitals as in Western Massachusetts.

Robert P. McCombs, M.D.
Boston, Mass.

A Curity PRODUCT

BAUER & BLACK

Now...an authoritative report on adhesive and skin irritation

Freedom from skin irritation is, of course, one of the basic qualities desired of any adhesive.

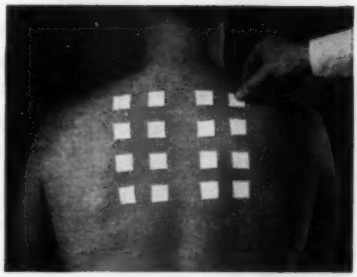
For many years, the makers of *Curity* Adhesive have pioneered in minimizing the skin irritation factor in the use of this product. And a number of independent clinical studies have been made on the matter.

In 1937, for example, we pioneered the introduction of new non-irritating ingredients into our adhesive mass, which reduced skin irritation to a minimum. We then commissioned the dermatology department of a well-known university to make a thorough study of our own and other leading brands of adhesive, with reference to skin irritation. The findings then were that *Curity* Adhesive caused significantly less skin irritation than other brands tested.

Since then we have maintained a program of clinical research on this subject. In all cases, the findings have corroborated that reported above.

The most recent of these studies was made by a consulting biochemist of substantial reputation, commissioned by Bauer & Black to investigate skin irritation and allergy caused by adhesive. This clinical study was made with *Curity* Adhesive and two other leading brands. A substantial sample was used, and a careful system of checks and controls was employed to assure a complete and objective report.

A summary of the findings has now been compiled. It verifies a fact borne out by earlier studies: viz., that *Curity* Adhesive is measurably less irritating than the other brands tested.



Copies of the findings, in digest form, are available to any member of the medical profession on request.

Curity may be depended on for adhesiveness, ease of application and removal, uniformity and minimal skin irritation. These are the reasons why *Curity* is a wise choice for all hospital and office use.

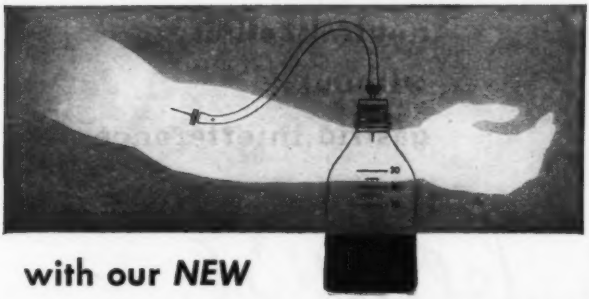
Curity

ADHESIVE

BAUER & BLACK

Division of The Kendall Company

Now *easy* bedside blood cultures



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By use of Sterilized Bleeding Unit and sterilized evacuated B-D Vacutainer Culture Bottle containing Trypticase Soy Broth with CO_2.

FULL DETAILED INSTRUCTIONS:

In color describing simple technique for aerobic or anaerobic specimens included in each package.

PACKED IN CONVENIENT RE-MAILING CARTON

WRITE BECTON, DICKINSON AND COMPANY FOR descriptive booklet No. CV on the new B-D VACUTAINER CULTURE BOTTLE and learn how easy it is to add this new element of assurance to your blood culture procedures.

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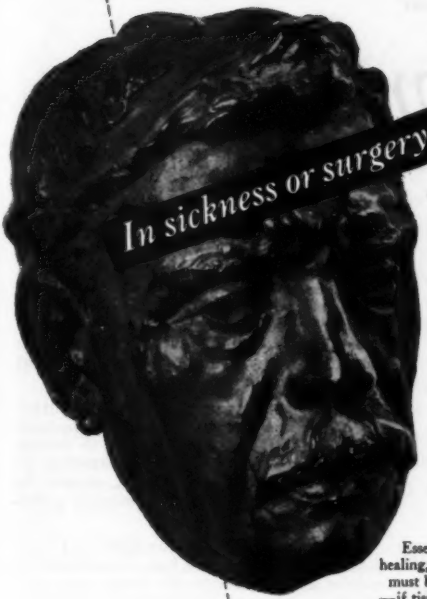

In sickness or surgery, play safer with . . .

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Depletion of the critical water-soluble B complex and C vitamins occurs so commonly in the presence of physical pathology, as to make a presumption of nutritive impairment[2] almost axiomatic. Essential to normal cell metabolism and wound healing, these poorly-stored, readily-diffusible factors must be replenished — usually by *massive dosage* —if tissue rehabilitation[3] and return to health[4] are to be expedited. • Allbee with C 'Robins' provides this all-important "saturation dosage" in convenient capsule form. It incorporates the important B factors in 2 to 15 times daily requirements, plus 250 mg. of vitamin C — *the highest strength of ascorbic acid available today in a multi-vitamin capsule.* • Its prescription represents a sound contribution toward decisive recovery from disease, or toward pre- and post-operative nutritional support.[1]

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FORMULA: *Each Allbee with C capsule contains:*

Thiamine hydrochloride (B_1)	15 mg.
Riboflavin (B_2)	10 mg.
Nicotinamide	50 mg.
Calcium pantothenate	10 mg.
Ascorbic acid (C)	250 mg.

REFERENCES: 1. Collier, F. A. and DeWeese, M. S.: Preoperative and Postoperative Care, J.A.M.A., 141:641, 1949. 2. Jolliffe, N. and Smith, J. J.: Med. Clin. North America, 27:647, 1943. 3. Kruse, H. D.: Proc. Conf. Convalescent Care, New York Acad. Med., 1940.
4. Spies, T. D.: Med. Clin. North America, 27:873, 1943.

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THE CLINICAL RESPONSE In RHEUMATOID ARTHRITIS And Its VARIANTS

Among the conditions in which Cortone has produced striking clinical improvement are:

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CORTONE is available for use in hospitals having facilities for required laboratory studies, and also for use in nonhospitalized cases following initial therapy in such hospitals. These hospitals can supply physicians' requirements for Cortone.

MERCK & CO., INC.
Manufacturing Chemists
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THE usual pattern of response to CORTONE begins with diminution in subjective stiffness, commonly within 24 to 48 hours, but sometimes within 6 hours after the initial dose. In many cases this symptom is significantly or completely relieved within a few days. Next, articular tenderness and pain on motion decrease. Finally, swellings of the joints diminish, sometimes fairly rapidly and completely, but occasionally more slowly and incompletely.

In many patients, mild soft-tissue deformities of the knees or elbows have disappeared within 7 to 10 days. An increase in muscle strength has been reported. The extent of return to normal has been limited, as must be expected, by the degree of permanent pathologic change present.

Appetite usually improves rapidly, and many patients have described a loss of the feeling of malaise associated with the disease and have experienced a sense of well-being, occasionally within several hours after initial administration of the drug.

When treatment with CORTONE is discontinued, signs and symptoms may begin to reappear within 24 to 48 hours, becoming gradually worse during the following 2 to 4 weeks. The degree of relapse varies, and is apparently unrelated to the duration of treatment. In some patients, however, the greater part of the remission has persisted for as long as several weeks or months. If CORTONE is re-administered when manifestations of the disease return, prompt remission is again induced.

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**Trade-mark of Merck & Co., Inc. for its brand of cortisone.*

Sidelights

Ho-Hum Dept.

"I'm against any system whereby all patients get their medical and hospital care paid for out of general taxes, and must accept the treatment of a doctor the Government assigns to them.

"I'm against any system whereby all doctors work for the Government and must treat the patients the Government sends them.

"I'm against any system whereby the Government can tell a doctor what drugs he can or cannot use, how much time he must or must not spend on a patient." *—Oscar R. Ewing, at dedication of Beth-El Hospital, Brooklyn, N.Y.*

Professional Code

It is an astonishing tribute to the medical profession that the doctor who deviates from its ethical requirements always does so with a sense of shame—even if his behavior is comfortably within the law and perfectly proper in terms of business ethics.

Take, for example, the matter of fee splitting. Among lawyers, the practice is dignified by the term "forwarding fee" and is perfectly ethical. Even among doctors, it is not contrary to most state laws. Yet the most notorious fee splitter in town will never admit it. Even the most peripheral physician on the fringe keeps up the pretense of ethical compliance.

This is a subtle tip of the hat to a code which, however often breached, remains as the standard acknowledged by all. It's also the greatest harbinger of success in the profession's current drive to police its own ranks.

Medical Incomes

It used to be said that "really good" doctors never make much money. This is a comforting theory—at least for the man with a small practice. The successful doctor is too busy to argue about it.

But after many years of observing all kinds of doctors, we are forced to conclude that this theory is false. Apart from the few charlatans who infest every profession, financially successful doctors are usually good doctors. This is so for two chief reasons:

First, the effect of free competition is to bring the bigger practice to the physician who gets best results with patients. Second, the physician who gets best results must be

a practical man. He must use methods that work, not just methods that *ought* to work. And it is precisely this type of man who is generally businesslike about his affairs. He is the one most likely to prosper.

The old theory may be reassuring, but it just isn't true. A low income is no sign of high skills.

Gossip Detector

"How's Emily Smith's finger, Doctor?"

When a patient comes out with a question like that, it's natural to assume that the two patients are fast friends and that Emily Smith has told the inquirer all about her finger. It's equally natural to reply, "It's coming along nicely." (Surely it would be churlish to say, "I'm sorry but I don't talk about my patients.") Yet, an amiable and innocent answer like this may be, or may lead to, an unintended breach of a patient's privacy.

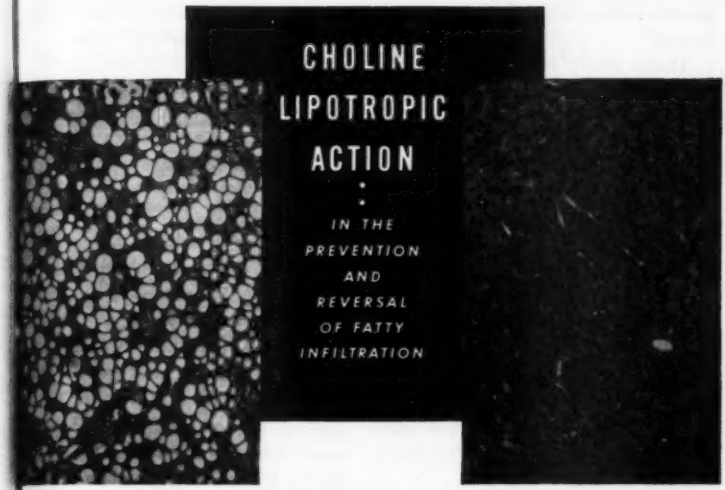
So what's the out?

Frankly, it had us buffaloed. So, just for the fun of it, we tried dropping this puzzler into the lap of Word-Wizard Elmer Wheeler, nationally-known counselor to salesmen on the art of the right answer.

At first, Mr. Wheeler was stumped too. But we had tossed him a challenge and he wasn't one to let it drop.

Sure enough, then, in a few days, we heard from him again. "I think I have it," he said. "Why not meet the question *with* a question?"

Thus, in reply to the patient, the



PATIENT . . . Middle aged male, with history and findings suggesting cirrhosis: loss of appetite, nausea, vomiting, vague gastrointestinal complaints, enlarged liver. Liver biopsy showed extensive fatty changes without fibrosis, indicating that the condition would be still amenable to treatment.

REGIMEN . . . High protein, high carbohydrate, moderate fat, reinforced with vitamin therapy and the lipotropic agent, *Choline (Flint)*. Patient remained ambulatory, except for short period of hospitalization required for biopsy.

RESULTS . . . At the end of four weeks' treatment, a second biopsy was taken, revealing an entire disappearance of the fatty changes. All signs and symptoms of hepatic failure had disappeared.

REMARKS . . . A successful end-result depends on early treatment of fatty infiltration during the prefibrotic stage—diagnosis at this time is governed largely by clinical signs and symptoms.

Choline (Flint) presents Choline Dihydrogen Citrate in two convenient dosage forms:

PALATABLE "SYRUP CHOLINE (FLINT)"
—one gram of choline dihydrogen citrate in each 4 cc. Pint and gallon bottles.

CONVENIENT "CAPSULES CHOLINE (FLINT)"
—0.5 gram of choline dihydrogen citrate per capsule. Bottles of 100, 500 and 1000.

FLINT, EATON & COMPANY
DECATUR, ILLINOIS

ACCEPTED
COUNCIL ON PHARMACY AND CHEMISTRY
AMERICAN MEDICAL ASSOCIATION

doctor asks, "Oh, do you know Emily?"

That's likely to bring out such things as, "Yes, we went to school together"—an indication that they're pretty close friends.

Or, "No, but I know who she is and I heard she was coming here" —a cue for the doctor to clam up, which he can quite properly do.

That, then, is what Elmer Wheeler calls the "sizzle" to use in such a case: *"Oh, do you know Emily?"*

Readers of Wheeler's profile in the Reader's Digest and of his book, "Word Magic," know that when it comes to sizzles, he has a million of 'em.

For good measure, he offers M.E. readers this extra one—to be used by doctors' wives or women doctors when asked their age:

"How old do you *think* I am?"

At which the inquirer gallantly shaves a few years from his true opinion, and the woman replies:

"Well, almost!"

Anti-Climax Dept.

Response to its recent appeal for funds, the Physicians Forum reports, was "heartwarming." One donation featured by the Forum in its August newsletter was from a pre-compulsion supporter with the courage of his convictions. Said the man of his contribution: "I send it with a triphammer [Webster: massive power hammer] punch." Amount of the gift: 60 cents.

PREVENTION OF RECURRENCES
A REPORT OF 125 PEPTIC ULCER PATIENTS

While the immediate relief of symptoms in a peptic ulcer patient is desirable, occasionally more important is the duration of the effect—i. e. the absence of recurrence. Stimulated by the work of Ivy with mucosal "resistance raising" substances, workers have reexamined the value of mucinous substances, in the treatment of peptic ulcer.

PROCEDURE

125 Patients suffering from gastroduodenal ulcer for from 3 weeks to 40 years were divided into 2 groups. The first group includes 105 patients who were started on the new therapy because of an exacerbation or recurrence of symptoms. The second group includes 20 patients, designated as intractable, because they did not respond to a previous medical regime. All patients were placed on medical management. All patients received a bland diet, with milk and cream with meals and between meals. No night feedings were permitted. The majority of the patients were placed on 2 to 4 Mucotin tablets 1 hour before meals, 1 hour after meals and at bedtime. In patients with severe symptoms, hourly doses of Mucotin were given. Night pain was controlled by Mucotin only.

RESULTS

Immediate Effect. The majority of patients were relieved of symptoms in the first 7 to 10 days of treatment. Of interest in the group of 20 cases with previously "intractable" ulcer symptoms which responded to Mucotin.

Late Effect (Prevention of Recurrences). 89 patients had been on a treatment from 12 to 20 months; 28 patients from 9 months to a year; and 8 for less than 9 months.

Of the 89 patients under treatment for more than 1 year, 53 had complete relief and no recurrence. Of the remainder, 8 had slight to moderate recurrences following emotional upsets — 4 had partial relief; 12 admitted dietary indiscretion, 2 of these had food allergies and 3 milder seasonal recurrences; and in 12 patients the cooperation was poor.

Of the 28 patients under treatment from 9 months to a year, 26 had complete relief and no recurrence. The 8 patients under treatment for less than 9 months all had prompt relief the first week and no recurrence to date.

We were impressed with the results in the group of "intractable" ulcer patients. Patients who did not improve on other antacids responded quite promptly when Mucotin was substituted. There seemed to be a more rapid rate of healing as noted from the prompt decrease in size of the gastric ulcers. This might have been due to the coating effect of Mucotin. Mucotin has also proven to be a good substance in preventing recurrences.

SUMMARY

This substance led to rapid clinical improvement during the stage of exacerbation and also apparently prolonged the pain-free intervals, having a recurrence rate of 15 to 18% in 12 to 24 months respectively.

—HARDT AND STEIGMANN Am. Jour. Digest. Dis. 3: 195-202, June, 1950

A complete reprint of the Hardt and Steigmann report will be sent on request.

Name_____

Address_____

City_____ Zone___ State_____

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the proof of the deficiency is in the eating

Two foodstuffs—same color, same size, same taste, YET ONE SUPPORTS ADEQUATE NUTRITION WHILE THE OTHER PAVES THE WAY FOR MANY HARASSING DEFICIENCY SYMPTOMS.

Soils lacking vital minerals and trace elements frequently produce foods which mask their nutritive deficiencies behind a colorful appetizing appearance. When these foods are included in the family diet, mineral, trace element, and vitamin deficiencies become apparent. Other factors, such as poor processing, faulty preparation, and long storage further remove essential nutrients from the family diet.

THESE FACTORS ALL PROVE THAT EVEN THE CAREFULLY SELECTED DIET CANNOT BE DEPENDED UPON TO FURNISH ADEQUATE NUTRITION.

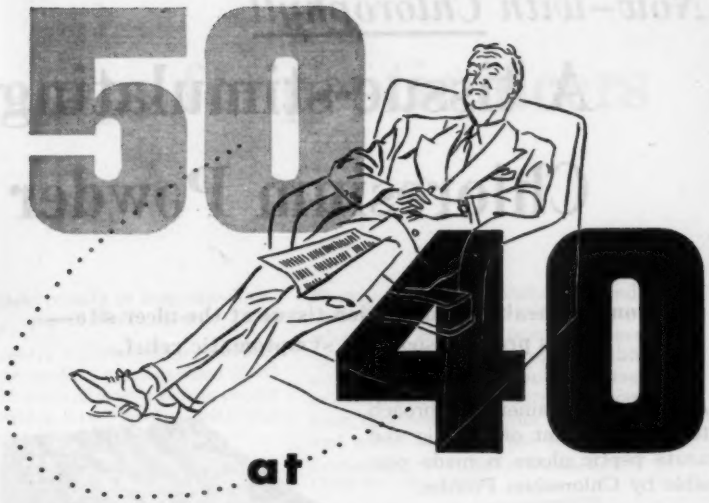
VITERRA—conveniently provides, in a single capsule, balanced proportions of 12 minerals and trace elements and 9 vitamins frequently lacking in the daily diet.

● *12 Minerals and 9 Vitamins all in one capsule*

Viterra

Cobalt (*Cobaltous Sulf.*)	0.1 mg.	Vitamin A (*Refined Fish Liver Oil*)	5,000 USP Units
Copper (*Cupric Sulfate*)	1 mg.	Vitamin D (*Irradiated Ergosterol*)	500 USP Units
Boron (*Sodium Metaborate*)	0.2 mg.	Vitamin B_1 (*Thiamine Hydrochloride*)	3 mg.
Iron (*Ferrous Sulfate*)	10 mg.	Vitamin B_2 (*Riboflavin*)	3 mg.
Iodine (*Potassium Iodide*)	0.15 mg.	Vitamin B_6 (*Pyridoxine Hydrochloride*)	0.5 mg.
Calcium (*DiCalcium Phosphate*)	213 mg.	Niacinamide	25 mg.
Manganese (*Manganous Sulf.*)	1 mg.	Vitamin C (*Ascorbic Acid*)	50 mg.
Magnesium (*Magnesium Sulf.*)	6 mg.	Calcium Pantothenate (*Dextro*)	5 mg.
Molybdenum (*Sodium Molybdate*)	0.2 mg.	Mixed Tocopherols Type IV	5 mg.
Phosphorus (*DiCalcium Phosphate*)	165 mg.		
Potassium (*Potassium Sulf.*)	5 mg.		
Zinc (*Zinc Sulfate*)	1.2 mg.		

J. B. ROERIG and COMPANY, Chicago



It has been estimated[1] that 50 per cent of patients at the age of 40 years suffer from some form of gallbladder disturbance, and that the incidence increases with advancing years until at the age of 70 years, 70 per cent of patients are found to have biliary difficulties.[2]

For gentle choleretic-digestant-laxative action prescribe

zilatone®

In addition to containing bile salts compound to improve the quantitative and qualitative supply of bile, to aid fat metabolism, carbohydrate digestion, and the absorption of vitamins A, D and K, and to stimulate intestinal motility with normal bowel evacuation, ZILATONE contains digestive enzymes and gentle laxative agents to aid in correcting the conditions commonly associated with biliary deficiencies.

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DREW PHARMACAL CO., INC., 1450 Broadway, New York, N. Y.

1. Rehfus, M. E.: Penn. Med. J., 42:1335 (Aug.) 1939.

2. Blumberg, N. and Zisserman, L.: Rev. Gastroenter., 9:318 (July-Aug.) 1942.

Now—with Chlorophyll

A tissue-stimulating Chloresium Powder

Promotes healthy granulation tissue at the ulcer site—gives prompt, soothing symptomatic relief.

A new and fundamental approach to the treatment of chronic and acute peptic ulcers is made possible by Chloresium Powder.

Perfected after 3 years of research by Rystan Co., originator of therapeutic water-soluble chlorophyll preparations, this combination product assures prolonged contact of *tissue-stimulating* chlorophyll with the ulcer crater.

Clinical evidence shows that it offers six distinct advantages:

1. Promotes healthy granulation tissue at the ulcer site.

2. Gives prompt symptomatic relief.

3. Provides a prolonged protective coating.

4. Provides prompt antacid action—no alkalosis, no acid rebound, no interference with bowel regularity.

5. Completely safe, absolutely nontoxic.

6. Minimizes—often eliminates—need for special diets and restricted activity.

Chloresium Powder provides prolonged contact of tissue-stimulating chlorophyll *with the ulcer crater.*

How it works

A three-way combination product, Chloresium Powder provides the antacid and protective actions of the usual peptic ulcer preparations with aluminum hydroxide and magnesium trisilicate in a specially prepared dehydrated okra base. *The addition of the water-soluble derivatives of chlorophyll "a" gives you a healing therapy that actually promotes healthy granulation tissue at the ulcer site.*

therapy for peptic ulcers

Dramatic results in long-standing peptic ulcer cases

In a recently reported clinical series,[1] complete healing was obtained in 58 out of 79 cases of *long-standing* peptic ulcers within 2 to 7 weeks—with this new chlorophyll powder!

Chloresium Powder, in this clinical trial, demonstrated its effectiveness to the peptic ulcer patient quickly in the form of complete symptomatic relief. It demonstrated its effectiveness to the physician, under roentgenological examination, in prompt healing of the ulcer crater—usually in 2 to 7 weeks—even in cases which had been resistant to other therapy.

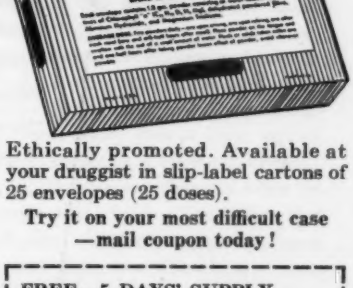
The minimum known history of the cases treated was two years. Many of the ulcers healed had resisted previous methods of treatment for from 5 to 12 years.

No special diets required

To avoid factors whose beneficial effects might be difficult to disassociate from the effects of the Chloresium Powder, no special diets were prescribed. There were no restrictions on smoking, alcoholic beverages or daily activity. Nevertheless, 3 out of 4 cases not only got lasting symptomatic relief in 1 to 3 days, but also obtained *complete healing of the ulcers* in 2 to 7 weeks.

These remarkable results—obtained with complete freedom from dietary and other restrictions—indicate that here at last is a therapy which can be administered without upsetting the patient's normal habits and can thus greatly simplify the task of insuring patient co-operation. Moreover, Chloresium Powder is palatable and easily taken by the patient.

[1] Offenkrantz, W. F., *Rev. Gastroenterol*, 17:359-367 (May), 1950.



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Please send trade-size sample of Chloresium Powder, and reprint of clinician's paper on chlorophyll therapy for peptic ulcers.

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Every physician should see this!

Drop a Syntrogel tablet in water. In a matter of seconds it will "fluff up" to several times its size—proof of instant disintegration—tremendous increase in adsorptive surface. This is why Syntrogel relieves "heartburn" and hyperacidity so quickly.

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Syntrogel®

Each Syntrogel tablet contains aluminum hydroxide, calcium carbonate, magnesium peroxide and Syntropan® 'Roche.'

'Roche'

Editorial

Showdown at the Polls

• Will next month's elections serve as a showdown on compulsory health insurance?

All along, that's been our profession's hope. "Unless the whole matter of Government medicine is publicly repudiated this year," AMA strategists have said, "the issue can drag on to sap our finances and energies for years. That would be unthinkable."

Yet there's now real danger that the Nov. 7 balloting may *not* serve as a showdown. The reasons why are on the front page of every newspaper. "The outbreak on the Korean front," says the Pennsylvania State Medical Society, "has minimized the importance of our [anti-compulsion] campaign."

If people are allowed to forget about health matters, it will be a bad break for medicine. Up till now, our grass-roots educational campaign has moved steadily toward the pay-off point.

According to George Gallup, the nation's voters today oppose the Truman-Ewing health scheme by a 3-to-2 count. This mounting opposition has left its mark on the Congressional candidates. Even Scott W. Lucas, the President's key man in the Senate, recently felt obliged to announce: "I am utterly opposed to socialized medicine in any form —and that includes compulsory health insurance."

Then came Korea. Domestic issues were promptly consigned to the deep freeze.

But they don't *have* to stay there. Here are three things all of us can do to help rekindle the fires:

1. We can follow up the dramatic ad campaign the AMA is unleashing this month. Its "Who Runs America?" theme will jolt millions of people into renewed concentration on the medical issue. That's something we can encourage among our patients, neighbors, and friends.

2. We can force all candidates to show their colors on the health insurance issue. This at least will assure the voters a clear-cut choice.

3. We can see that our allies exercise this choice. Remember that off-year elections bring out fewer voters than in a Presidential year. Which means that our ballots—*if we use them*—will cut more ice than they did in 1948.

There you have the showdown Rx. How diligently we apply it may decide the health insurance question for years to come.

—H. SHERIDAN BAKETEL, M.D.

New Conflicts Rock Hospital Staff

A blunt report on the internal frictions th

are causing trouble in the doctors' worksho

• "Running a hospital isn't a business—it's monkey business," gloomed the head of th governing board. "I've never failed to mak a success of my store. But just trying to hol *this* whirligig together makes me dizzy."

High on the list of famous last word should be this one: Why not run a hospita just like any other business?

The principal reason why not is the un stable balance of power in the hospital. Ke management functions are split among the trustees, the medical staff, and the admi istrator. No group in this triangle exercise absolute control. So if conflicts once aris they may grow unchecked until they reac alarming proportions.

For more than three years, I enjoyed the outside observer's viewpoint while lookin into more than three hundred hospitals. was frequently asked to meet with hospita groups to discuss internal friction. In pra tically all cases, it seemed to me, dissensio

was due to a few common causes. Perhaps the pattern exists in *your* hospital, too.

You know the old saying: "They better see who stand beside than they who in procession ride." From that viewpoint arises this list of major friction sources within the hospital:

1. Trustees, medical staff, and administrators do not know just what are their duties, obligations, and limits of authority.

2. The medical staff fails to maintain effective self-discipline.

3. General practitioners and specialists disagree over privileges in general surgery and in the surgical specialties.

4. Radiologists, pathologists, and allied groups are pressing for immediate and drastic changes in financial relations.

Trustees vs. Staff

Some months ago, when I arrived at an inland city to survey the hospital there, I was greeted with an eight-column banner headline splashed across the front page of the morning paper: "BOARD ULTIMATUM TO HOSPITAL STAFF: RESIGN OR ELSE." The lead editorial paraphrased the trustees' dictum to

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**Dr. Lucius W. Johnson, whose forthright opinions on hospital staff problems are presented in this revealing article, is a former field representative of the American College of Surgeons.*

the doctors this way: "OBEY OUR POLICY OR GET OUT." The whole episode was treated in such a way as to play up the friction—and to suggest how much better things would be if the Government took over both the hospitals and the doctors.

Hours later, I discovered the story behind these headlines. The gist of it was this:

Relations between the board and the medical staff had long been in a state of ferment—mostly because of the hospital administrator. Instead of acting as mediator and interpreter between the two groups, he had been pitting them against each other. Thus, apparently, he hoped to strengthen his own position and to make it permanent.

Matters came to a head when the county medical society, whose members provided free medical service in this hospital, sent a letter to the board. It suggested constructive changes in the way the hospital was being run. Instead—thanks to the divide-and-conquer tactics of the administrator—it brought on the peremptory order to resign and the outburst of newspaper notoriety.

The solution? Nothing more elaborate than a conference between the trustees and the medical staff. Lines of authority were clarified and staked out. Not long after, a new administrator was chosen. The long pull toward rehabilitation was begun.

In a southern hospital I visited, most of the friction could be traced to the newly-elected head of the governing board. Soon after he assumed his post, the chief of staff suggested a meeting to discuss hospital policies. He got an almost unbelievable reply: "I don't need any suggestions from the doctors. I'm going to run the hospital just as I do my own firm. If it goes into the red, I'll simply fire the superintendent."

He was as good as his word. To save money, the well-trained superintendent was dismissed. The chief nurse was given additional duty as head of the hospital—without any increase in pay. At the end of two months, the ledgers still ran red. So she too was dismissed.

Seeing how things were going, other key employes began a frantic search for jobs elsewhere. The head of the governing board began beating the bushes for replacements. But he still couldn't see that his job involved anything more than economizing. Meanwhile, of course, both patients and doctors got the short end of the stick.

When Others Get Hurt

Sometimes friction between board and staff singes an innocent third party. When I arrived at one small-town hospital, I asked to see the record librarian—whom I knew as an exceedingly competent woman. "She's been fired," the administrator told me. "She sided with the medical staff against the trustees."

Months later, I got her version of

[*Continued on page* 185]

How to Streamline Your Car Insurance

These tips will help you hold down premiums in the face of soaring rates

• At a downtown intersection of a large western city a street car was discharging passengers. In the traffic lane beside it a heavy sedan waited, in gear for a rocket getaway. Now the lane seemed clear, and the auto leaped forward—only to run down and maim an unexpected final passenger alighting from the trolley.

The subsequent damage judgment: $150,000—a new local record for auto-inflicted bodily injury.

But it's a record that probably won't stand for long. Courts throughout the country are fed up with highway carelessness. They also point to the zooming cost of living in justification of ever bigger accident awards.

Hence the sharp and continuing rise in auto insurance rates. Since 1946, bodily injury rates have jumped 44 per cent, nation-wide; in some metropolitan areas they're up more than 50 per cent. Property-damage and collision rates have soared too, in line with higher repair and new-car costs. More than ever, then, it behooves the car-driving M.D. to review his policies, take the few simple steps necessary to minimize expenses and bring all forms of coverage up to date.

Start with your liability policy. The three kinds of coverage here (your policy may include one or all) are:

1. Bodily injury (to people other than yourself, your immediate family, and expense-sharing passengers).

2. Property damage (excluding that to your car).

3. Medical payments (for you and your passengers).

Look Out for No. 1

Bodily injury is the most important. Accidents of this sort are only half as frequent as the property-damage kind, but far more than twice as costly. You'll be wise to go the limit on this type of coverage. With most insurance companies that's $100,000/$300,000—*i.e.*, up to $100,000 for any one person you injure in a single acci-

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**The author, Spencer M. Schryver, has been an independent insurance consultant in New York City for the past fifteen years.*

dent, and up to $300,000 for two or more persons.

Why shoot the works on bodily-injury insurance?

For one thing, the full-limit coverage—twenty to thirty times the minimum available coverage of $5,000/$10,000—costs only about half as much more, a matter of perhaps $10 to $25 a year. For another, if you're going to be sued, it will probably be for plenty.

Take the Connecticut driver who crashed into a bunch of kids on a hay ride and wound up owing $200,000 in damages. Though he had a $100,000 policy, he still had to sell his home and other possessions to settle the claim.

But, even going whole hog on this kind of coverage, you can minimize the premium by seeing that your car gets the best rate classification it's entitled to. Lowest rate is on a car used primarily for pleasure and driven by no one under age 25. If you have two cars, be sure that one is so used and listed; it may save you up to 30 per cent on the premium. A higher rate takes effect when young drivers enter the picture; ditto when you use a car for professional calls.

Don't Skimp Here

Now take a look at property damage coverage. It may range anywhere from $5,000 to $50,000. At least $10,000 worth is recommended. Any less is poor economy—for these reasons: (1) You pay only 10 per cent more for $10,000 than for $5,000. (2) Although the average property claim is less than other claims, accidents involving property damage happen twice as often as others.

Two points to remember: Both property damage and bodily injury insurance protect you and your wife when using other cars. They also provide bail bond expenses up to $100 for you and any member of your family.

For the average M.D., insurance against medical payments ($250 to $5,000 per person, at a cost of $3 to $13 per year) might seem like a waste of money. If anyone riding with you were injured, you'd probably want to treat him gratis. But how far can professional courtesy be expected to stretch? It would probably fall far short of the insurance coverage—medical, surgical, ambulance, hospital, nursing, and funeral services—which applies to everyone in the car. My doctor carries $1,000 at my recommendation.

Now for your other auto policies, the kind that pay for damage to *your* car. The three main types are:

1. Collision and overturn.
2. Fire, theft, and comprehensive.
3. Towing.

Before World War II, $50-deductible was the most economical kind of collision-overturn insurance for the majority of M.D.'s. Today, with rates and repair costs so much higher, $100-deductible is more popular. You *can*, of course, buy a

[*Continued on page* 183]

He Runs Medicine's Biggest Journal

• When the Nazis occupied Holland in 1940, they promptly took over its medical schools. Students were allowed to continue only on condition that they sign a certificate of loyalty to the Germans. Many resigned, pursuing their studies in underground classes. With them went Dr. Martinus W. Woerdeman, professor of anatomy and embryology at the University of Amsterdam.

"Our chief problem," he says, "was lack of medical literature from the free nations. It was thus that I hit on the idea of 'Excerpta Medica' as a post-war project—a publication that would abstract all the world's worth-

Fifteen monthly specialty editions comprise Excerpta Medica, the world's most ambitious medical information project. Almost 5,000 abstracters and 550 editorial consultants under the direction of Amsterdam's Dr. Martinus W. Woerdeman (above) produce 60,000 abstracts from more than 2,000 medical journals published all over the world.

while medical publications."

Today many medical librarians agree that Dr. Woerdeman has turned the trick. Following three years of preparation, Excerpta Medica began publication in 1949. It now abstracts about 2,000 of the world's 7,000-plus medical journals (compared with 1,500 regularly abstracted by the AMA library) and publishes some 60,000 digests a year in fifteen specialty editions each month.* Its twenty-nine medical-specialist editors in Amsterdam head a staff of nearly 5,000 M.D. abstracters in forty other countries and get advice from 550 of the world's best clinicians and scientists.

Digest's Readers

Organized as a non-profit foundation, Excerpta Medica is at the moment rather more non-profitable than it likes. But Holland's National Recovery Bank is keeping a finger in the financial dike and Dr. Woerdeman expects circulation, now around 17,000, soon to reach the 20,000 figure that will lift operations out of the red.

Since the language of publication is English, he is counting on the journal's American agents, Williams & Wilkins, to chalk up a healthy increase in U.S. subscribers, who now number only 3,000. A selling point in the American market, he feels, is the name of Morris Fishbein, directly under Dr. Woerdeman's, on the Excerpta Medica masthead.

At 58, quiet, methodical Martinus Woerdeman has had a distinguished career in medical education. Having taken his M.D. at the University of Amsterdam just after World War I, he immediately joined its teaching staff. He's been there ever since, with time out only for a brief sojourn at Holland's Groningen University during the 20's and for educational work with the underground during World War II (for which he spent a month under suspicion-arrest).

In 1945 he was named rector of Amsterdam University and in 1946, dean of his alma mater's medical faculty. That same year he invited two faculty colleagues, Dr. W. P. C. Zeeman, an ophthalmologist, and Dr. A. P. de Kleyn, an ENT man (since deceased), to join him as chief editors of his projected publication. In an office formerly occupied by the Germans, they began holding daily editorial meetings. Little by little they shaped the policies and lined up the world-wide correspondent staff of the fifteen journals which, they had decided, would comprise Excerpta Medica. [*Continued on* 179]

*Editions and subscription rates: Anatomy, Anthropology, Embryology, and Histology ($22.50); Physiology, Biochemistry, and Pharmacology ($45); Endocrinology ($15); Medical Microbiology and Hygiene ($22.50); General Pathology and Pathological Anatomy ($37.50); Internal Medicine ($37.50); Pediatrics ($15); Neurology and Psychiatry ($22.50); Surgery ($25); Obstetrics and Gynecology ($15); Oto-,Rhin-,Laryngology ($15); Ophthalmology ($15); Dermatology and Venereology ($25); Radiology ($15); Tuberculosis and Pulmonary Diseases ($15). Address: Excerpta Medica, 111 Kalverstraat, Amsterdam, Holland.

Here's Your Chance!

One-Man Office With a Patio

• In his cramped a gloomy medical office ove Daly City (Calif.) drugst Dr. Theodore H. Paoli u to think about the kind clinical building he'd lik own. His office-of-the-futu the doctor decided, wo have to:

¶ Be c
modern
¶ Provi
ficient w
atmosphe
¶ Provi
comfort a
ant surro
¶ Do a

Generous use of plants and shrubbery makes Dr. Paoli's office look like oasis in midst of city's business section. Entering patients go from street into open patio, thence into reception room. Besides being pleasant to look at, patio has practical uses. It provides parking area for baby carriages and place for people to smoke (not encouraged in waiting room).

¶ Be cheerful and roomy, modern yet homey.

¶ Provide him with an efficient working layout and atmosphere.

¶ Provide his patients with comfort and privacy in pleasant surroundings.

¶ Do away with stairs—the bane of his pediatric patients.

With the help of Architect Mario J. Ciampi, Dr. Paoli eventually transformed these ideas into blueprints. The building pictured on this and the following pages is the eye-catching result.

CONTINUED ON NEXT PAGE

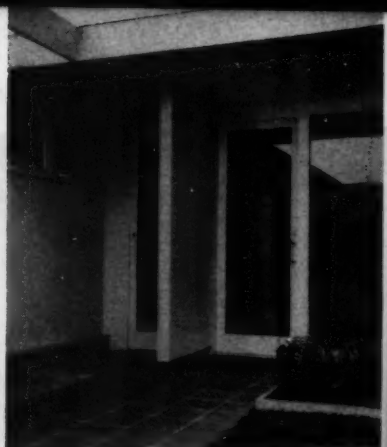
One-Man Office With a Patio *(Cont.)*

Bright and airy effect is achieved in reception room by use of light pastel colors and floor-to-ceiling windows that run the width of the room. Plenty of greens add life to modern setting. Unusually fine aquarium atop storage cabinet [◀] helps entertain the doctor's pediatric patients (about eighty a week). Walls are of natural birch paneling, floors of asphalt tile.

CONTINUED ON NEXT PAGE

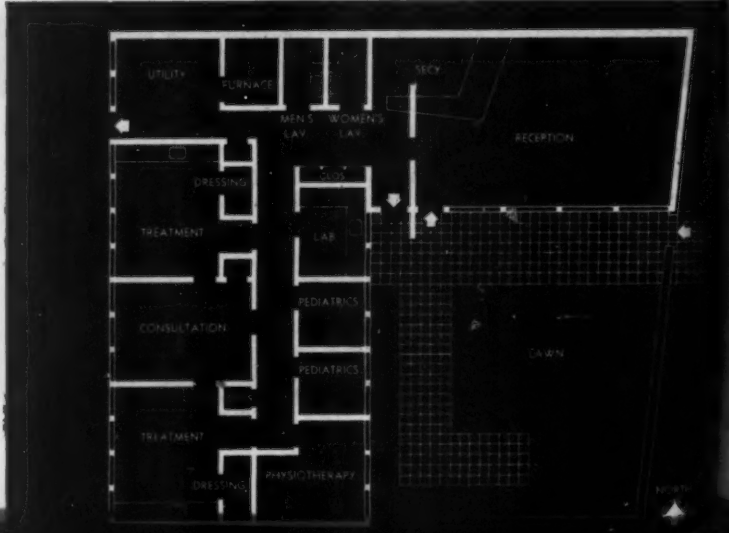
One-Man Office

With a Patio *(Cont.)*



From patio, patients enter reception room via door on right. Exit on left leads from hall to patio. Thus patients by-pass reception area when leaving.

Floor plan shows a number of layout advantages. Note, for example, that each treatment room has its own individual dressing room. Note also the step-saving central location of the consultation room. Efficient routing of patients is aided by the fact that all rooms can be entered from the main hallway.



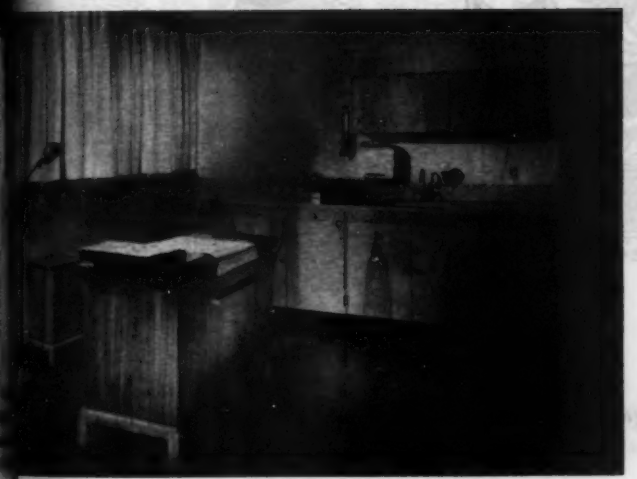
Secretary's cubicle is partly in reception room, partly in hall. Thus she can receive entering patients, check out others as they leave. She also has easy access to consultation and treatment rooms. One disadvantage: Conversations with patients may be overheard by others waiting.

CONTINUED ON NEXT PAGE

One-Man Office With a Patio *(Cont.)*

Built-in instrument cabinets in treatment room [▶] provide plen storage space. Pale-green walls co tastefully with rust-colored tile

Modern touch is carried through to all parts of building, including consultation room [◀] and pediatrics room [▶]. Desk, walls, cabinets are natural birch.



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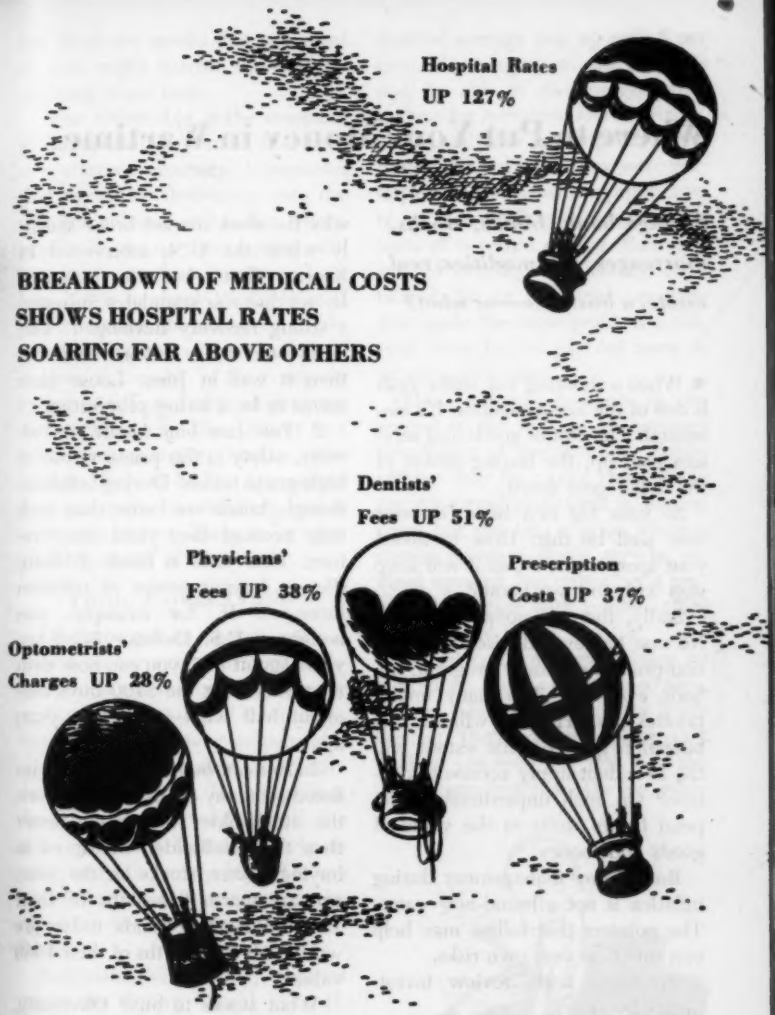
Living Costs Outclimb Medical Costs

Percentages show changes from base period 1935-39 to 1949



*While hospital rates climbed 127 per cent, the average patient's hospital bill rose only 67 per cent because his hospital stay was shorter in 1949 than in 1935-39. Increases in fees were about the same for G.P.'s and specialists. Sources: AMA Bureau of Medical Economic Research; U.S. Bureau of Labor Statistics.

Where to Put Your Money in Wartime

Savings bank, bonds, stocks, mortgages, commodities, real estate, a business—or what?

• When a shooting war starts, cash is one of the first casualties. It's elemental: The cost of goods and services goes up; the buying power of the dollar goes down.

So your big new brow-furrower may well be this: How to invest your spare cash so that it will keep step with the war boom?

Sadly, there is no pat solution. No one has ever devised an inflation-proof investment program; nobody ever will. Too many uncertainties exist: How far will our mobilization go? To what extent will the President apply economic controls? On such unpredictables depend future shifts in the value of goods and money.

But money management during inflation is not a brand-new game. The pointers that follow may help you calculate your own risks.

To begin with, review investments by type:

1. You can keep your assets in cash. It's almost instinctive, in the first throes of an emergency, to convert holdings into dollars. That's why the stock market broke sharply when the U.N. intervened in Korea. Then, because everyone knows that war stimulates industry, a strong recovery developed. The uninvested dollar is worth less now than it was in June. Loose cash seems to be a losing proposition.

2. You can buy bonds. As always, safety is the prime virtue of high-grade bonds. During inflation, though, bonds are better than cash only because they yield *some* return. That yield is fixed; it dwindles in buying power as inflation increases. If, for example, you bought a U.S. Defense Bond ten years ago at $75, you can now cash it at $100. But the $100 buys only about half what it did ten years ago.

3. You can buy stocks. In the inflated economy of the last ten years, the stockholder has fared better than the bondholder. Measured in buying power, stocks on the average are worth five-sixths of their 1939 value. But bonds today are worth only three-fifths of their 1939 value.

What stocks to buy? Obviously, those of a company that will be reasonably free from war hazards and, later on, from the risks of sudden deflation. That's a large order;

but there *are* stocks that can meet it. You might narrow the field by applying these tests:

How vulnerable is the company to the special conditions that exist in a wartime economy? Companies that cannot fit themselves into the wartime scheme will suffer. Shortages will plague them; price ceilings may cut their earnings. Your best bet is to check World War II performances; they may be duplicated during the current boom.

How vulnerable is the company to war itself—to bomb destruction and such? A city like Detroit is a prime enemy target. Smaller cities are less likely to be hit. A company that has spread its holdings over a wide area is least likely to be crippled by enemy action.

Those Excess Profits

Don't forget to reckon with a ceiling on corporate earnings. Public opinion will not permit excessive profits during a national emergency. Remember that heavy industry did not enjoy its greatest prosperity during World War II, but during the years that followed it. Still, the price of heavy-industry stocks is pretty sure to remain high. Dollars invested in them can generally be expected to keep pace with inflation.

Railroads, long ailing, enjoyed prosperity during World War II. Their prospects now are considered good. A month ago, the Dow-Jones index showed rails up 20 per cent over the post-Korea low. The industrial average was up only 5 per cent. More important, the railroads may be able to slice bigger profit melons for investors. Here's why:

The railroads got a special break during the last war. They were permitted, under the excess-profits law, to set their profit percentage on the basis of invested capital. Railroads are, of course, very heavily capitalized. So an industrial company that made the same profit as a railroad often had to pay out more in excess-profits taxes.

Thus, industry is likely to run second to the rails as an earnings beneficiary of mobilization. Public utilities may be a poor third. They are consistent producers in normal years but run into a price squeeze during inflation. Rates may be revised upward, but only after a prolonged struggle with public utility commissions.

4. You can lend your money on mortgages. But it's only a so-so idea. During inflation, the creditor holds the bag. The money the debtor pays back to you may buy less than the money you lent him. On the other

hand, the property on which you lend money will increase in value; so you will not lose out in a forced sale. But be wary of mortgages. Like the finance companies, the mortgagor tends to lose out during a boom.

5. *You can buy commodities.* That, of course, means buying cheap and selling high. If you're exceptionally experienced, you can go in for metals, grains, cotton, and such, to be held for your account in some storage area. Otherwise you'll have to do piecemeal buying of goods that seem likely to increase in value. Diamonds, for instance. All over the world, people are investing in gems as a hedge against inflation. But, since it's an expert's game, many will be burned.

Commodity buying, on the whole, is not for doctors. It poses problems of storage, insurance, and deterioration. But if you're an expert in some special field—say, coin collecting—you might do well to invest some of your excess cash in it.

6. *You can buy real estate.* The rush is already on. And there's sound reason for it. Disregarding the military situation, the real-estate boom has a long way to go. Construction hasn't kept up with demand. Even the deflation that often follows a military victory wouldn't affect real estate seriously for quite a while.

Rural properties are booming. A great many people are weighing the prospects of an atom-bomb attack and want to get out of town. Others figure that a farm is a good investment, since food is generally at a premium in wartime. Perhaps worth special consideration are farms within commuting distance of large cities. Developers will be looking for them when the next post-war housing spree starts.

7. *You can finance a small business.* It might be a store or a small factory. If it's a store, you will have to reckon with shortages and price control. If it's a small factory, you must reckon with the same thing, although you may be able to obtain Government contracts. Unless you're a keen business man, it may be best to avoid playing another person's game. It will cost you time and worry as well as money.

Investor's Guide

What does all this add up to? In essence, to these broad rules of thumb:

During the war boom, bonds are safe but yield relatively slim returns. Utility stocks are safe, too, but vulnerable to wartime conditions. Many industrial stocks will remain high in value and produce a fair income, but must be chosen with extra care. Railroad stocks look quite promising—at least until deflation comes.

Mortgages, like bonds, are safe but produce limited income. Commodity buying is tricky and calls for an expert's judgment. Well-chosen real estate is pretty sure to ride the crest of the boom.

—J. D. OBERRENDER

Record Book Displays New Wrinkles

● Shown on the next four pages are specimen sheets from one of the newer medical record books* to appear on the market. Like other books of the same type, this one takes up where the average daily log or daily register leaves off. But it includes more breakdowns than some of the older books and it has other features that merit comparison with those of the record system you may be using at the present time. Turn the page for a glimpse of the highlights.

*Copyright by Geo. W. Condit and Roy E. Saunders.

RECORD OF PRACTICE

MONTH OF October 1950

CASH RECEIPTS (1) DAY	(2) PATIENTS SEEN	(3) NEW PATIENTS SEEN	(4) CHARGES	(5) PAYMENTS	(6) OTHER INCOME	(7) PAID TO	(8) DATE	(9) CHECK NO.	(10) PROFESS. EXPENSE	(11) PERSONAL EXPENSE	(12) DEPOSITS	(13) TOTAL AMT. WITHDRAWN	(14) BANK BALANCE
1	21	2	150 00	80 00		Albertson Garage	10/1/50	4719	13 50	13 50		27 00	
2	19	1	110 00	125 00		Robert A. Roberts	10/1/50	4720		30 00		30 00	
6	24	4	190 00	40 00		Window Cleaners, Inc.	10/2/50	4721	3 00			3 00	
7	20	3	700 00	12 00		Deposit	10/7/50				257 00		
8	18	2	100 00	85 00		United Insurance Co.	10/8/50	4722		78 00		78 00	
9	22	4	175 00	54 00		Mrs. William Cramer	10/8/50	4723		500 00		500 00	
12	20	—	200 00	300 00		Professional Drugs	10/8/50	4724	26 45			26 45	
13	18	2	350 00	90 00		University Club	10/8/50	4725	30 00	10 00		40 00	

Daily Summary Figures in the first six columns of this Record of Practice form are taken from your daily log. They show total numbers of patients seen, total charges, total payments received, and the sum of all other income. In the next five columns are shown daily disbursements —both professional and personal. The last three columns allow space for your daily bank deposits, withdrawals, and balance.

RECORD OF PRACTICE

DETAILS OF CASH DISBURSEMENTS

MONTH OF October, 1950

	(15) CONTRIBUTIONS	(16) AUTO (...%)	(17) DRUGS MED. SUP. LABORATORY	(18) DUES BUSINESS ADVANCEMENT	(19) INSURANCE TAXES SOC. SEC.	(20) LAUNDRY (OFFICE)	(21) OFFICE SUP & EXPENSE	(22) RENT	(23) REPAIRS MAINT.	(24) SALARIES PROF. ASST.	(25) TEL. OFFICE TEL. ANS. SERVICE	(26) TEL. HOME (...%)	(27) HEAT (...%)	(28) LIGHT (50%)	(29) MISC.	(30) Taxes Will	(31) CAPITAL EXPEND.
		13 50							3 00								
			26 45	30 00													

Expense Breakdown Items lumped in the professional expense column of the daily summary are detailed in seventeen classifications on this facing page. Here you record your outlay for rent and other items that may be chargeable in whole or in part to your practice.

CUMULATIVE MONTHLY SUMMARY SHEET

YEAR 1950

INCOME

this facing page. Here you record your outlay for rent and other items that may be chargeable in whole or in part to your practice.

CUMULATIVE MONTHLY SUMMARY SHEET

YEAR 1950

MONTH	INCOME: PRACTICE INCOME	INCOME: OTHER	INCOME: TOTAL	AUTO (...)	DRUGS MEDICAL SUPPLIES LAB.	DUES ... CONTR.	INS. ...	LAUND. (OFFICE)	OFFICE SUPPLIES AND EXP.	RENT REPAIR MAINT.	SALARIES PROF. ASST.	TEL. (OFFICE) TEL. ANS. SERV.	OTHER UTILIT.	MISC.	TOTAL OPERATING EXPENSES	NET INCOME	CAPITAL EXPEND.	PERCENTAGE OPER. EXP. TO GROSS INCOME	TOTAL PATIENTS SEEN	NEW PATIENTS SEEN
JAN.	2410 00	25 00	2435 00	35 00	175 00	27 50	50 00	12 50	42 00	230 —	200 00	30 35	8 15		810 50	1624 50		33.6%	422	41
FEB.	2370 00	25 00	2395 00	13 50	162 00	—	65 00	11 00	18 60	230 00	200 00	29 45	15 25		744 07	1650 93		31.3%	385	37
MAR.	2560 00	25 00	2585 00	38 50	145 00	45 00	—	10 75	37 70	230 00	200 00	29 44	11 32	25 00	772 69	1812 31		30.1%	456	46

Monthly Summary This sheet sums up your gross income, your various operating expenses, net income, capital expenditures, income-expense ratio, patients seen, etc. It points unmistakably to any expenses that may be out of line. Totals for the year go at the bottom.

DEPRECIATION RECORD

EQUIPMENT OR FIXTURES TO BE DEPRECIATED	DATE PURCHASED	COST	PRIOR DEPRECIATION	ESTIMATED YEARS OF LIFE	YEARS OF LIFE REMAINING	BALANCE OF COST UNDEPRECIATED	AMOUNT OF DEPRECIATION ALLOWABLE THIS YEAR	MISCELLANEOUS INFORMATION
X-Ray Machine	1945	650 00	325 00	10 yrs.	5	325 00	65 00	Picker X-Ray Co.
Typewriter	1945	120 00	60 00	10 yrs.	5	60 00	12 00	Royal Standard
Remodelling & Renovating	1949	150 00	25 00	3 yrs.	1½	125 00	50 00	
Buick Automobile	1949	2000 00	250 00	4 yrs.	3½	1750 00	500 00	
Ekg Machine	5/1950	300 00	—	10 yrs.	10	300 00	15 00	
Furniture (Settee)	10/1950	250 00	—	10 yrs.	10	250 00	12 50	

Depreciation Facts Capital items not yet fully depreciated are noted here, along with new purchases. The list includes everything from your typewriter to your car. For each item there is space to record the purchase date, cost, prior depreciation, estimated life, life remaining, amount of depreciation allowable this year, etc.

TURN PAGE

MISCELLANEOUS INCOME RECORD "A"

DOCTOR'S OTHER SOURCES OF INCOME

MONTH	OTHER PROF. INCOME: ROYALTIES	LECTURES	SALARY	MISC.	RENTAL PROPERTIES: GROSS INCOME	OPER. EXPENSES	NET INCOME	FARM PROFIT OR LOSS: GROSS INCOME	OPER. EXPENSES	NET INCOME	DIVIDENDS	INTEREST	MISCELLANEOUS SOURCES OF INCOME: CLASSIFICATION	AMOUNT
JAN.					25 00		25 00							
FEB.					25 00		25 00							
MAR.					25 00		25 00							
APRIL					25 00		25 00				200 00			
MAY					25 00		25 00							
JUNE					25 00		25 00				150 00			
JULY					25 00		25 00							
AUG.					25 00		25 00					75 00		
SEPT.					25 00		25 00							
OCT.					25 00		25 00							
NOV.					25 00		25 00							
DEC.			100 00		25 00		25 00							
TOTAL		250 00	100 00		300 00		300 00				350 00	75 00		

INFORMATION ON SECURITIES SOLD

DATE OF PURCHASE	NO. OF SHARES	NAME OF SECURITY	COST	DATE SOLD	PROCEEDS	ACTUAL GAIN OR LOSS	NO. OF MONTHS HELD	SHORT TERM GAIN OR LOSS	LONG TERM GAIN OR LOSS
10/3/45	100	Amalgamated Paper Prod.	2600 00	4/10/50	3800 00	2000 00	42		60 00 G
3/8/48	50	Peachey Oil Co.	100 00	6/3/50	2000	800 00	15		40 00 L
1/10/49	75	Acme Television Co.	600 00	12/29/50	720 00	300 00	11		150 00 L
2/15/49	100	Arc Chromium Corp.	400 00	12/29/50	2000 00	3000 00	G 10		1500 00 G

Auxiliary Income Anything else you earn (or otherwise acquire) during the year is entered here. There are spaces for such professional income as royalties, lecture fees, and salaries—as well as for such miscellaneous income sources as real estate. On the lower part of the page as well as on the reverse side (under "Information on Securities Sold") you enumerate all the securities you held during the year, showing your gains or losses. The form as a whole (Miscellaneous Income Record "A") is provided in duplicate ("B") so that if you plan to file a joint tax return you can record your spouse's contribution to the family exchequer.

TAX CONTROL RECORD

YEAR 1950

	FIGURES USED TO ESTIMATE	FIGURES USED TO ESTIMATE	FIGURES USED	FIGURES USED

turn you can record your spouse's contribution to the family exchequer.

TAX CONTROL RECORD

YEAR 1950

	FIGURES USED TO ESTIMATE FIRST QUARTER	FIGURES USED TO ESTIMATE SECOND QUARTER	FIGURES USED TO ESTIMATE THIRD QUARTER	FIGURES USED TO ESTIMATE FOURTH QUARTER	ADJUSTMENTS	FINAL TAX FIGURES	REMARKS	LOCATION OF FIGURES
AMOUNT OF ESTIMATED TAX FILED	1350.00	1350.00	1250.00	750.00				FROM YEAR'S TAX RETURN
NET INCOME FROM PRACTICE	5012 74	6831 00	3800 13	5378 00			4/10/50 Com. Chest 50 00	CUMULATIVE SUMMARY RECORD
OTHER PROFESSIONAL INCOME				350 00			2/2/50 Tips 225	MISCELLANEOUS INCOME RECORD
NET INCOME FROM RENTS	75 00	75 00	75 00	75 00			3/31/50 Tel charges 3 50	no
DIVIDEND INCOME		350 00					4/15/50 Am. Red Cross 50 00	no
INTEREST INCOME			75 00				5/1/50 Theater Party & Dinner	no

Tax Data Here you keep a digest of your financial record for the year. At the end of each quarter the figures from the monthly summary are transferred to this page, along with deductible expenses that didn't show up among "disbursements." Toward the end of the year the record indicates whether you should file an amended return.

PAYROLL RECORD

Name Emma A. Schnapps
Address 137 E. 65th St.
Date Employed 11/1/47
Remarks

Salary $ 200.00 Telephone TErry 7-5643 Date 1/1/50
City, State New York City Tax Status 1
Employment Terminated Social Security No. 023-54-1067
Reason

FIRST QUARTER									THIRD QUARTER								
WEEK ENDING	TOTAL WAGES	FEDERAL W. H. TAX	S. S.	STATE	OTHER	TOTAL	NET PAID		WEEK ENDING	TOTAL WAGES	FEDERAL W. H. TAX	S. S.	STATE	OTHER	TOTAL	NET PAID	
Jan. 14, 1950	100 00	12 30	1 00			13 30	86 70		July 15, 1950	100 00	12 30	1 00			13 30	86 70	
Jan. 21, 1950	100 00	12 30	1 00			13 30	86 70		July 29, 1950	100 00	12 30	1 00			13 30	86 70	
Feb. 11, 1950	100 00	12 30	1 00			13 30	86 70		Aug. 15, 1950	100 00	12 30	1 00			13 30	86 70	
Feb. 28, 1950	100 00	12 30	1 00			13 30	86 70		Aug. 31, 1950	100 00	12 30	1 00			13 30	86 70	

Payroll Record A separate page is used for each person you employ. Gross salary, individual deductions, and net amount paid are noted every payday (net amounts must agree with those entered in the daily summary). For convenience in figuring withholding and social security tax returns, the figures for each quarter are tallied separately.

Prescriptions Boom in Britain

Still swamped by demands for 'free medicine,' the average panel doctor scribbles out some 10,000 Rx's a year

● He was a big, rawboned G.P. in Leeds. He was also exceedingly frank.

"You probably don't remember how it was before the National Health Service came in," he said. "Well, I'll tell you:

"I used to pride myself on being a conservative prescription-writer. Wouldn't give the patient a script unless I'd looked him over pretty carefully and found out exactly what would help him. Never wrote more than 4,000 prescriptions a year that way.

"But now—well, the lid's off. Pa-

tients come through my surgery in an unmanageable stream. It's obvious they can't get much doctoring—not in the four or five minutes I have to offer each one. But they *can* get a bottle of tonic or medicine, and how they love *that*.

"So I listen to their troubles, dash off the scripts, and buzz for the next patient. Last year I wrote about 10,000 prescriptions. And where I used to order 8 oz. bottles, I now order 16, 24, or 32 oz. bottles—simply to keep patients from coming back so often.

"People are getting lots of medicine, all right. But is it the *right* medicine for what ails them? Is it worth the price we're all paying?

"Nobody in Britain knows the answers. But even the Health Ministry is beginning to suspect the worst. Just ask 'em!"

This magazine did. It discovered that Whitehall's official word for the free-medicine stampede is "a passing phenomenon." During the first two years of the NHS, a Health Ministry spokesman said, "pent-up demands were met which should gradually taper off. Costs will then decline."

That's the official view. But privately, this wistful forecast is not widely subscribed to. Off the record, Britain's health planners voice serious concern about the pharmaceutical free-for-all. Their own tally sheets show why:

¶ In the first fiscal year, the cost of the pharmaceutical service (£18 million) was 38 per cent higher than estimated.

¶ In the second fiscal year, the cost of the pharmaceutical service (£35 million) was 67 per cent higher than estimated.

In other words, Health Minister Aneurin Bevan's estimates—supposedly revised in the light of actual experience—are being left further and further behind.

'Of Doubtful Value'

If these free-handed outlays were unquestionably buying better health for the British people, there'd be few kicks. But even the Health Ministry doubts that the country is getting its money's worth. After an investigation earlier this year, Sir Wilson Jameson—then chief medical officer of the Ministry—reported: "Large sums of money are being spent on drugs and medicines of doubtful value . . ."

This admission jarred the Socialists into writing a double-barreled Rx. Its ingredients:

1. Panel physicians were warned the Health Minister would crack down where "investigation shows that the cost is in excess of what was reasonably necessary for prop-

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**This article, which sums up some of the latest developments in Britain's National Health Service, is based on a series of special reports just received from* MEDICAL ECONOMICS' *London correspondents.*

er treatment." (Commented a G.P. in Birmingham: "So Bevan becomes the arbiter of what's necessary for proper treatment!")

2. Dispensing chemists were told their allowed remuneration for NHS prescriptions would henceforth be cut in half. (Commented a druggist in Cardiff: "No Health Minister should have the power to alter our terms of service arbitrarily and without notice.")

Note that these new controls are aimed at a mere 34,000 professional men, not at the millions of voters whose unrestrained demands have brought on the prescriptions boom. For political reasons, "Nye" Bevan is loath to invoke the controls that would really help. Parliament authorized him last year to require that NHS patients pay up to a shilling for each prescription filled. This the Health Minister has so far declined to do.

Meanwhile, the free-medicine tide keeps rising. Mr. Bevan's original estimate was that NHS prescriptions would be dispensed at the rate of 140 million a year. The actual figure for 1949 was more than 200 million. Latest figures indicate that the 1950 total will approach 220 million. The vast majority of

Free wigs are doled out to Britons with severe alopecia—and also to people like the Londoner who said he "caught frequent colds without one."

these prescriptions are, of course, written by the country's 20,000 hard-pressed G.P.'s.

One of the things affected most by the NHS has been dispensing. Except in rural areas—and, of course, in cases of emergency—dispensing has largely disappeared. The overburdened G.P. can no more take time to dispense than he can take time to do his own laboratory work.

He has to cut corners in other ways, too. Take, for example, the use of ampules. Among British G.P.'s, ampule medication has never been so popular as it is in the U.S. Yet even that small volume of ampule business is on the decline. And there's one simple reason: A prescription for oral medication is quicker.

Besides prescribing medicines, the panel doctor can order simple supplies and appliances for his NHS patients. The approved list (forty items) includes elastic stockings, vaporizers, ice bags, four types of trusses, and fourteen types of bandages. Patients who need non-listed items have to be referred to a hospital.

Nearly all appliances are being dealt out hand over fist. During the first two years, NHS patients got more than 11 million pairs of eyeglasses, more than 4 million sets of false teeth, more than 100,000 hearing aids. So many wigs, corsets, and surgical appliances were distributed that even the Health Ministry can give no accurate count.

Despite this splurge, public demand shows no sign of subsiding. Nor is it likely to—unless some financial check is imposed. Says a London physician: "Many a patient now gets, say, two elastic stockings for varicose veins where formerly, when she had to pay, she was content with one. Such duplication goes a long way to explain the vast cost of the program."

Says a Glasgow G.P.: "In the old days, a person who wanted some aspirin or a roll of bandage simply went out and bought it. But not now. Under the NHS, he asks his doctor for a prescription. And the doctor knows that if he refuses, he's quite likely to end up with one less name on his list."

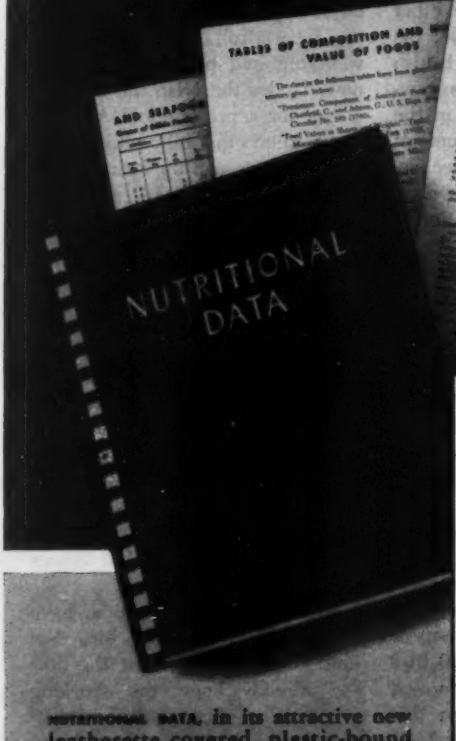
Says a Manchester surgeon: "In a busy out-patient department, it takes a doctor a few seconds to authorize the free supply of an expensive surgical appliance. It may take half an hour's argument with the patient, the patient's relatives, the hospital almoner, and all sorts of interested parties if he says no."

The drugs-and-appliances program neatly illustrates the basic defect of the NHS: It is a shotgun remedy. Some of it hits the target and helps, but much of it misses the mark and is wasted.

So far, the British people have had eyes only for the hits. Not until they discover what the doctors already know—the shocking proportion of waste—will they sanction attempts to bring the scheme back within bounds. END

Another Printing . . . By Popular Demand

Heinz



Partial Table of Contents

- Fat-Soluble and Water-Soluble Vitamins . . . Vitamin Assay Methods . . . The Essential Elements . . . Proteins and Essential Amino Acids . . . Conditioning Factors in Nutritional Disease . . . Chemical Tests for Detection of Malnutrition . . . The Metabolism and Action of Foods . . . Dietary Toxicology . . . Human Nutritive Requirements . . . The Diet in Health and Disease . . . Tables of Food Composition and Nutritive Value . . . Selected Bibliography

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When Can You Drop a Case?

Here's a useful guide to what the law says about abandonment

• Sooner or later in almost every doctor's career, he gets a case that makes him wonder about his obligation to treat. And, at some point, there may be a patient of long standing he'd like to send packing.

The law gives you considerable latitude in refusing to treat a patient. But if you once start treatment, you must stay with the case until you are dismissed, until the patient has recovered, or until specific arrangements have been made to transfer control to another doctor.

Refusal to accept a case seldom carries much legal risk. Here's an extreme example:

Following an accident, a drunken driver was carried unconscious into a physician's office. The doctor cursorily examined the patient, said he was just drunk, refused treatment, and sent him home. There he died of a cerebral hemorrhage. Though the doctor was careless in his examination and hasty in his conclusion, there was no legal liability. The physician had refused to give treatment and that was his privilege.

In another extreme case, the only physician in a small town turned down a call even though he'd been told the patient was desperately ill. The doctor had no other calls to make at the moment; his reason for declining was purely personal. Yet the court dismissed the suit against him.

Such capricious behavior, of course, is no way to make friends. It invariably brings damaging public and professional censure. But as fas as the law is concerned, a doctor can refuse to accept a case without giving any reason.

Off Limits

What if you have a limited type of practice? Can you drop a case that requires something outside your usual scope? It all depends on whether the patient knows of the limitation. If you apprise him of the situation and offer to line up another doctor for him, you can back out and stay legally in the clear.

Suppose you conduct an office practice only—and the patient knows it. In the course of treatment, the patient is confined to his bed. A home call is necessary. You can

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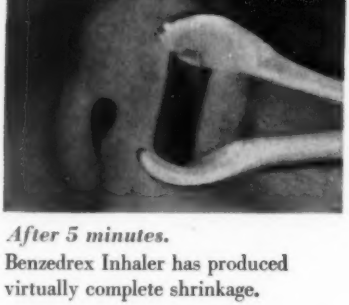
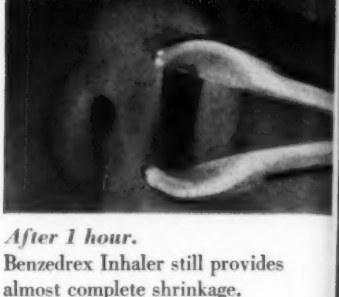
more rapid, complete and prolonged shrinkage with BENZEDREX INHALER:

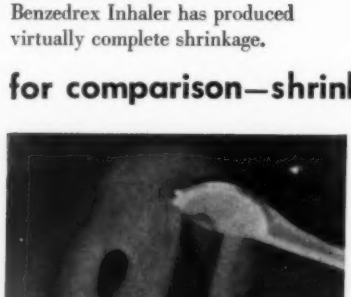


After 5 minutes.
Benzedrex Inhaler has produced virtually complete shrinkage.

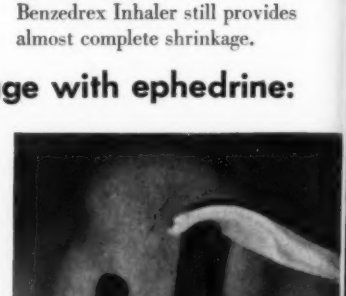


After 1 hour.
Benzedrex Inhaler still provides almost complete shrinkage.

for comparison—shrinkage with ephedrine:



After 5 minutes.
Shrinkage does not compare with that of Benzedrex Inhaler.



After 1 hour.
The ephedrine nostril is almost completely occluded.

Before treatment the patient's inferior turbinate almost completely obstructed the airway in both cases. The only variable was the vasoconstrictor used.

These photographs reveal why physicians tell us that Benzedrex Inhaler is the best inhaler they and their patients have ever used.

You can recommend Benzedrex Inhaler for nasal congestion between office treatments with assurance. It will not cause excitation or wakefulness.

Smith, Kline & French Laboratories, Philadelphia

BENZEDREX INHALER

'Benzedrex' T.M. Reg. U.S. Pat. Off.

refuse to make the home call without being liable for abandonment.

Or take a surgeon who limits himself to operative work, customarily turning each patient over to the family doctor for post-operative dressings. Provided the patient is aware of this, the surgeon cannot be successfully charged with abandonment if he operates skillfully, then refuses to make further visits.

But this is a tricky situation. The surgeon must be able to *prove* that the patient knew, in advance, that his "contract" ended with sewing up the skin. If he can't prove it, the general rule applies: "It is the surgeon's duty to give such attention after the operation as the necessity of the case demands, in the absence of any agreement limiting service."

Vacation Mix-Ups

Most abandonment troubles stem from prematurely discontinued treatment. Usually the physician is innocent of any conscious neglect. He goes away for a needed vacation, for instance, and names another doctor to cover him. A western physician discovered, to his great cost, that this can be pretty poor protection.

This doctor sent a competent but much younger practitioner to see a patient in his absence. He had not thought of obtaining the patient's approval beforehand. The court held: "A clear duty . . . was imposed upon him either to secure the patient's acceptance of the substitute, or to give him notice to secure a physician of his own choice." The doctor had to pay damages.

In selecting a substitute, you're required to exercise "extraordinary care." If the patient needs an early visit, you must not only tell the patient and the substitute about each other; you must also be sure that your colleague makes an early and timely call. Until he makes that first visit, the substitute has not yet "accepted" the case, and therefore has no responsibility to the patient.

Week-end situations are responsible for a surprising proportion of abandonment suits. Dr. Jones picks up his phone and calls Dr. Smith. "Bill," he says, "I'm running up to the mountains for the week-end. Will you cover me? Nothing very urgent pending." Dr. Smith gives a cheerful and casual assent. But will Dr. Smith think of visiting all of Dr. Jones' acutely sick or convalescing patients? Probably not. So if something untoward develops that week-end, it *may* be held that Dr. Jones abandoned his patients.

Follow-Up Failures

Another innocent trap is the patient who fails to keep a follow-up appointment. Logically, this would seem to be the patient's own fault. Yet you have a legal duty to warn the patient of any potentially serious consequence of his failure to return to your office. In the absence of such warning, courts have held that the practitioner is negligent.

One California doctor was sued because a patient developed a wrist

on the COURSE

to bounding health...

with Citrus Fruits and Juices

The rich variety of nutrient factors* in citrus fruits and juices, and their high content of vitamin C and natural fruit sugars,[3] are medically noteworthy — for several reasons: they contribute helpfully to improvement of appetite[4] and digestion,[3] to greater bodily energy[5] and stamina,[5] and to resistance to disease.[2] During pregnancy or lactation, before or after surgery, and for general nutritional support from infancy to old age, the refreshing goodness of low-cost, readily-available Florida-grown fruits and their juices proves universally appealing ... whether in fresh, canned, frozen or concentrated form.

FLORIDA CITRUS COMMISSION
LAKELAND, FLORIDA

*Among the richest known sources of vitamin C are the citrus fruits. They also contain vitamins A, B, and P, and readily assimilable natural fruit sugars—together with other factors such as iron, calcium, citrates and citric acid.

References: 1. Gordon, H.H.: Nutritional and Vitamin Therapy in General Practice, Year Book Pub., 3rd ed., 1947. 2. Manchester, V.C.: Food Research, 7:194, 1942. 3. McLester, J.S.: Nutrition and Diet, Saunders, 4th ed., 1944. 4. Rose, M.S.: Rose's Foundation of Nutrition, rev. by MacLeod and Taylor, Macmillan, 5th ed., 1944. 5. Sherman, H.C.: Chemistry of Food and Nutrition, Macmillan, 7th ed., 1949.

FLORIDA

Oranges • Grapefruit
Tangerines

deformity following application of a cast. The patient had been told—perhaps rather casually—to return to the office the next day. She failed to do so. A month later, she had a deformity serious enough to require operative intervention. The patient hadn't been warned that if the cast weren't inspected regularly, some complications might develop.

You have the same duty to a free patient as to a private patient. If you start treatment in a ward or clinic, then fail to follow through, you may be forced to pay damages for any resulting disability. It may seem unjust that, in a situation where there's no hope of any income, the doctor should still be financially liable. That, however, is the law.

How to Back Out

If a patient keeps returning to your office but shows no intention of ever paying his bill, he still cannot be abandoned. What you *can* do is this: Notify the patient that after a certain date (several weeks away) you will be unable to continue in attendance; advise him to secure another physician; offer to turn over to your successor an abstract of the case, a summary of the treatment, and copies of all prescriptions written. If the time set for your withdrawal is "reasonable," you'll be fairly safe from legal stigma.

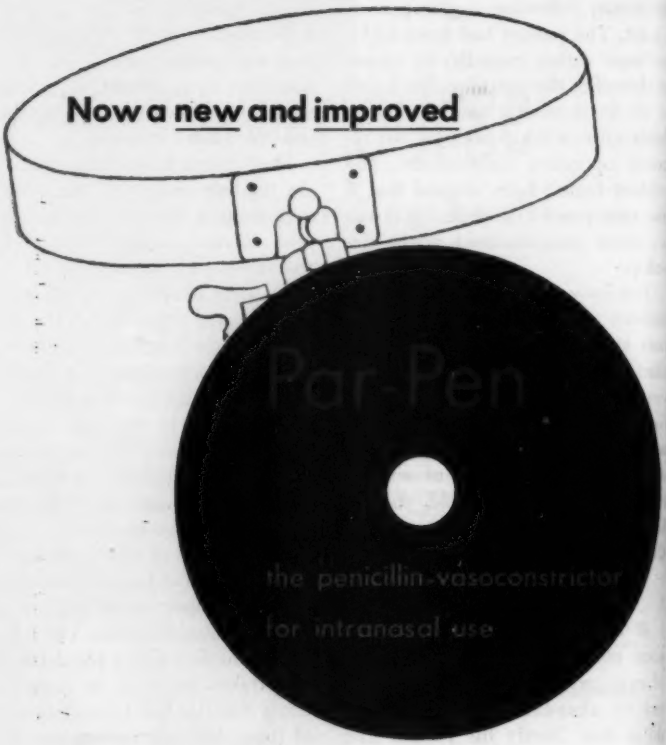
In the middle of an instrumental delivery or surgical operation, care obviously has to be continuous. Such cases can't be dropped until your replacement arrives. In a nonemergent case, where day-by-day attendance is clearly not needed, you have more leeway.

Most courts hold that physicians are the sole judges of the needed frequency of visits. This means that you cannot escape liability for abandonment by arguing that it was the patient's duty to ask for a call if he was not improving. "The doctor," says the law, "is bound to render as frequent visits as is the custom of physicians in that locality in the treatment of the same or similar cases." If you make fewer visits, and if the patient suffers from the neglect, this might well be construed as an abandonment.

What happens when you cannot attend a patient because you're too busy with other cases? You are still liable for abandonment. The rule is this: "The fact that a physician has undertaken to treat so many patients that he has to neglect some of them does not excuse him from responsibility for the results of such neglect."

The Ground Rules

Being sued for any kind of malpractice is damaging to the doctor's community standing. But an abandonment charge carries a special taint. It conjures up a heart-rending picture of callous desertion at the patient's hour of greatest need. The situation seldom justifies so dramatic a description. Yet the



In response to physicians' requests, two major changes have been made in Par-Pen:

optimal strength: The strength of Par-Pen has been increased to 5000 units of penicillin per cc.

convenient size: The package has been changed to a convenient ½ fl. oz. (15 cc.) bottle—to eliminate wastage.

Par-Pen contains crystalline potassium penicillin G, 5000 units per cc.; Council-accepted Paredrine Hydrobromide (hydroxyamphetamine hydrobromide, S.K.F.), 1%; in a specially buffered isotonic aqueous solution.

Smith, Kline & French Laboratories, Philadelphia

'Paredrine' & 'Par-Pen' T.M. Reg. U.S. Pat. Off.

mere claim of abandonment will set tongues wagging.

You can best protect yourself by following these simple rules:

1. If you limit your practice, make certain that your patients understand this.

2. When advising a patient that treatment is being terminated, let your office records indicate the reason. Has he recovered? Has he reached a point where further treatment would not materially improve his condition? A specific notation may protect you later on.

3. When departing on vacation, notify all patients who are pregnant, acutely ill, convalescing from operations, or subject to recurrences of a chronic disorder. Give the expected date of your return and the name, address, and phone number of your substitute. Select a colleague of at least equal seniority and tell him specifically which patients need calls in your absence.

4. If you intend to withdraw from a case, write the patient a letter. Tell him whether he needs further treatment. If so, advise that he seek another medical attendant prior to a specified date. Offer to send the new doctor an abstract of your records. Keep a carbon copy of this letter.

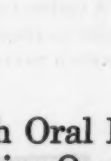
5. If, of his own accord, a patient interrupts treatment, send him a letter giving any special instructions needed. You may want to tell him, for example, that he may be adversely affected by the halt in treatment; that if he does not desire to return to your office, he should select some other doctor rather than go untreated; that if he will furnish you with your successor's name, you will mail him a case abstract. A carbon copy of this letter should also be retained.

—HAROLD RAVESON, LL.B.

"The bubble gum backfired."

• 20,000 units penicillin in a delicious hard candy

High Oral Penicillin Levels Lasting One-half Hour



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Taste so good that your patients—young and old—will gladly follow the prescribed dosage regimen.

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A Social Worker Speaks

You'll find some frank and provocative comment in this tale of two professions

● "The trouble with you social workers," the chief of staff told me, "is that in trying to help patients you sometimes make arrangements that come pretty close to being treatment. And besides, I suspect that you're all in favor of socialized medicine."

"One thing at a time, Doctor. We only make arrangements for treatment under a doctor's orders. Can you give me a for-instance?"

"Well . . . how about this Hackett child? I said he ought to spend the summer at a camp. Your office arranged two weeks at the fresh-air camp run by the City Star. When I say 'summer,' I mean 'summer'—not just two weeks."

So I looked that one up. Well, the Hacketts lived on a marginal income. They never whined about their financial standing to the doctor; somehow they always scraped up the money to pay his bill. But they could no more raise the $500 for a summer camp than I could pay off the U.S. Treasury deficit. So they came to us.

The only suitable deal we could arrange was the Star fresh-air camp. Even that was supposed to be strictly a one-week hitch, but we pressured the camp people into doubling the time allowance just this once. If the Hacketts had had no social agency interested in the case, the child would have spent the entire summer on the roof of their tenement house.

That reminded me of the Anderson case. Mr. Anderson had ulcers; he also had an important, interesting, and responsible job. Our gastroenterologist and our psychiatrist went into a huddle about Mr. Anderson and concluded that the tensions involved in his work were keeping the ulcer alive. Their solution: Change to a less tense job.

The Money Angle

Medically, I'm sure, that was sound advice. But the gastroenterologist, at least, hadn't given a second thought to such matters as the prestige-value of a responsible job, the lower income of a less responsible one, and the effect of such a job-change on the patient's family relations and living standards. The psychiatrist thought of all that, but he was only a consultant. His chore was done when he sent

a report to the internist explaining how Mr. Anderson's vocational worries were aggravating the ulcer.

Our office called in a vocational guidance agency. Between us, we worked out a feasible plan all right. But to this day, the gastro-enterologist is grumbling about the interference of a "third party" in the doctor-patient relationship.

Leftist Look

The chief of staff still kept needling me about social workers looking forward to compulsory health insurance. I think he must have thought the word "social" in our title had something to do with "socialism." Anyway, I hastened to point out that every social worker *I* know goes to her own personally-selected private M.D. when she herself is sick. We know all about the value of a personal doctor-patient relationship.

I don't know of a single large social work organization that has registered a definitive opinion in favor of state medicine. It is true, though, that some individual social workers look with a kindly eye on the possibility of changes in the method of distributing medical care. I'll tell you why:

We are constantly running up against families who are unwilling to accept the stigma of "charity," yet who are not quite able to negotiate for long-term illness—the kind that runs on long after health insurance benefits have been exhausted. I'm no economist and no politician; but it seems to me a profession that has produced so many geniuses should be able to work out some way of meeting such needs.

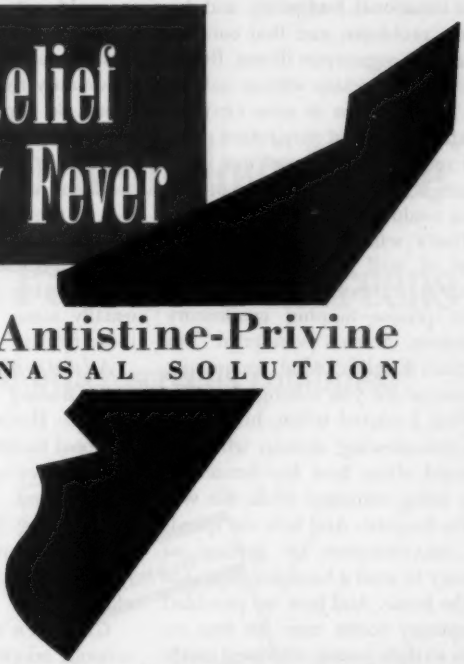
I know that some physicians have a grievance against social workers. We, too, have some gripes about doctors—mild complaints that need not sour our relationships at all. Trouble is, doctors never ask us what bothers us about our work with them.

For one thing, we resent being considered soft-hearted (and often soft-headed) Lady Bountifuls. We are privately annoyed at the doctor who still thinks of the social worker as a self-important debutante with time and money on her hands. We think physicians are entitled to know that the social worker passed out of the "Lady Almoner" stage about the time the self-starter was replacing the crank. And that most professional social workers today are post-college trained at the master's-degree level. We don't expect to be treated as colleagues or anything like that. But we do hope we'll be accepted as professional persons serving on a professional team.

Unthinking Doctors

Our most serious problem, though, is that doctors so seldom think of using the community resources we are trained to tap. In theory, every doctor knows that the patient is not an isolated individual, but is part of a family and community setting; that illness aggra-

New Relief in Hay Fever



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NASAL SOLUTION

A synergistic combination of an Antihistaminic and Vasoconstrictor

ANTISTINE-PRIVINE gives prompt, prolonged relief from allergic nasal congestion.

This new synergistic combination contains the effective antihistaminic, ANTISTINE, to block the congestive action of histamine, and the potent vasoconstrictor, PRIVINE, to shrink the nasal mucosa.

It has been established that "the decongestive action of ANTISTINE-PRIVINE on the allergic nasal mucosa in many instances appears to be more intense and prolonged than from either solution alone."[1]

PRIVINE is still available for use in those conditions where the antihistaminic component is considered unnecessary.

ANTISTINE-PRIVINE, aqueous solution of ANTISTINE hydrochloride 0.5%, and PRIVINE hydrochloride, 0.025%, in bottles of 1 fl. oz. with dropper.

DOSAGE: 2 to 3 drops in each nostril 3 or 4 times daily.

PRIVINE hydrochloride, 0.05% solution in 1 pint and 1 oz. dropper bottles for prescription; 0.1% solution reserved for office procedures, in 1 pint bottles only.

1. Friedlaender & Friedlaender: Amer. Pract. 2:643, June, 1948.

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

ANTISTINE® (brand of antazoline); PRIVINE® (brand of naphazoline) 2/1561M

vates vocational, budgetary, and domestic problems; and that concern over these aggravates illness. But in practice, physicians seldom call on the social worker to ease environmental strains that may retard medical recovery. We know our community's resources, and many of them could really help patients.

That's what I was telling the chief of staff when he lifted his hand in a stop signal. "That's a great phrase—tapping community resources. Sounds wonderful. But in plain English, what community resources are you talking about?"

First I started telling him about the convalescing woman who was worried about how her household was being managed while she was in the hospital. And how we speeded convalescence by getting an agency to send a housekeeping aide to the home. And how we provided temporary foster care for two infants so their young, widowed mother could enter the hospital for a necessary operation. But the chief of staff wanted to see a list of the community resources I was talking about. So I ran through the local social service directory.

Here is a partial roster of the problems with which social agencies, in the aggregate, are prepared to cope. No one agency handles *all* these functions; but in most urban and suburban communities, there's usually some agency for each of these fields:

Adoptions and Placements: Home-finding and related services.

Aged: Homes for the aged; recreational facilities and clubs for the aged; advice and assistance on old-age pensions.

Budgeting: Advice and assistance.

Camps: Summer camps for sickly or underprivileged adults or children.

Children's Services: Special schools; adoptions; problems of juvenile delinquency; day nurseries; camps; clubs; recreation; financial assistance; foster homes; etc.

Chronic Illness: Special homes; housing; appliances; visiting nurse care; rehabilitation agencies.

Citizenship: Americanization courses; language training; legal help.

Convalescents: Homes; housing; recreation; appliances.

Day Nurseries: Care for children of working mothers.

Employment Agencies: Guidance; training; assistance.

Financial Aid: Public and private

After "T & A" —

- Aspergum presents the analgesic agent topically, at the site of the pain.
- Chewing aids removal of tissue waste products, gently stimulates the muscles of deglutition, encourages an earlier return to a full diet—convalescence is hastened.
- Aspergum also provides a prolonged mild general analgesia and antipyresis in children. It tastes good—children chew it gladly.

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3½ grains of acetylsalicylic acid per tasty tablet—a dosage and form uniquely fitted to childhood requirements. Promoted ethically.

WHITE LABORATORIES, INC.
Pharmaceutical Manufacturers, Newark 7, N. J.

assistance; home relief and work relief; budgeting help; mobilization of Social Security benefits.

Foster Homes: Temporary or permanent day care, or 24-hour care.

Homeless: Relief; temporary housing; legal aid; transportation.

Housekeeping Services: Mothers' aides and housekeeping assistance for ill and indigent homemakers, or for families with homemaker absent.

Housing: Landlord trouble; finding accommodations; help in moving.

Legal Aid: Wage-garnishment difficulties; salary-collection troubles; various entanglements with the law.

Neighborhood Centers: Recreational, educational, and group activities.

Nursing Homes: Location, eligibility, admission, and transportation.

Prosthetic Appliances: Help in renting, purchasing, or learning to use.

Rehabilitation Agencies: Finding agencies; obtaining rehabilitation; job placement.

Special Schools: Special provisions for handicapped or retarded children or adults.

Transients: Financial and legal aid; relief; housing; transportation.

Traveler's Aid: Information; relief; assistance; housing; transportation.

Unmarried Mothers: Housing; assistance; advice; child-placement.

Visiting Nurses: Home nursing services.

Vocational Guidance: School finding and job placement.

Widows: Special financial assistance; widow's pensions; job-finding; home services; child care.

News for the Chief

When I turned over this list to the chief of staff, he put on his reading glasses and looked it over. He didn't say anything, but he put it in his pocket. A few days later, it was on the staff bulletin board.

Later he came back and said that, while he had been in practice twenty-five years, he had never known the community *had* so many resources. And he added:

"It seems to me every doctor must meet up with some patient almost every day who could be helped by . . . what was that fancy term you used? . . . oh yes, by 'tapping community resources.' This is a handy check-list. Merely reviewing it gave me some ideas on how I can expand my own usefulness to patients. Not that I'm completely sold on having you social workers around us all the time. I still don't understand how all these community agencies were built up over these years without we doctors having a greater share in their development. But I'll admit that maybe—just maybe—you have something here."

Taking care of the patient requires teamwork. The social worker has a place on the line. We hope only that the quarterback has some idea of what we can do.

—ADELAIDE H. DAVIDSON

One-Stop Diagnostic Service: $100

New Jersey clinic offers diagnoses to doctors at an inclusive, flat rate

• What makes the white-collar man hot under his white collar? It's not the doctor's office treatment fee; it's the unpredictable and costly piling up of diagnostic services. These are what put the big bite on his budget.

A simple bellyache may lead first to a $75 gastro-intestinal series; and, if that is negative, to a whole pyramid of procedures: biliary drainage, gastric analysis, sigmoidoscopy, blood chemistry, *et al.* The victim goes from one consultant to another, collecting a new bill at each station. By the end, he feels he has had not only a work-up but the works.

To take the edge off such costs, a number of clinics and medical groups have set up diagnostic services. Many of them are in large cities that have medical schools and are thus well stocked with professional personnel and equipment.

The trouble is that half the people of this country don't live in large cities. How to bring specialized diagnostic services to the small-city ambulatory wage-earner, so he won't have to take a month off to visit an urban medical center?

A small-city diagnostic center staffed with specialists sounds like a contradiction in terms. But it can be done, as witness the Ventnor Clinic in Atlantic City, N.J.

Dr. Hilton S. Read, an Atlantic City internist (and a former AMA delegate), returned from Army service in 1946 fired with an idea: He wanted to bring the middle-class family a top-notch diagnostic service at a fee it could afford. He believed the fee should be known in advance and that it should not expand with every negative test finding. Result of his idea is the brick Colonial building now at 5407 Atlantic Avenue, southwest of the famous strand that calls itself the "Playground of the World."

No Surgeon Domination

"Most private clinics and groups," says Dr. Read, "are dominated by surgeons. Yet diagnosis is largely a problem for internists." So the Ventnor Clinic is staffed mostly with internists. If a case needs surgery, the clinic renders an unbiased opinion and gives the patient free choice of surgeon, with no strings attached.

An uncommon feature of the

. . . soft, demulcent,
nonirritating bulk
from the extraordinary
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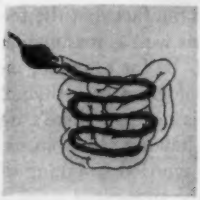
loeflingii . . . greater bulk
with smaller dosage.
It moves along the
gastro-intestinal tract
initiating peristaltic waves
that are difficult to
differentiate from
the normal in kymograph
recordings. Thus, in
almost normal manner,



UCILOSE® *. . . for physiologic laxati*

accomplishes its therapeutic
purpose of
physiologic laxation.

Ventnor Clinic is the fixed $100 fee for a complete diagnostic work-up. This fee covers everything the patient may require—even, if necessary, the services of consultants in New York or Philadelphia. The clinic has ties with a number of nationally known specialists in those two cities and pays the fee when such out-of-town consultation is called for.

Patients' Reaction

Patients like the fact that the fee is all-inclusive as well as reasonable, says Dr. Read. If, for example, an electro-encephalogram or a thymol turbidity test is needed, there's no hemming and hawing about an extra charge, no worried weighing of the value of the procedure against its dollars-and-cents cost. It's all part of the diagnostic package.

Diagnosis by the ordinary, multiple-consultation method is, as Dr. Read puts it, a lottery. The patient starts out complaining of headaches. Sinuses are suspected, so an ENT man is consulted. If the sinuses are not to blame, it may be an error of refraction, so the patient is bundled off to an ophthalmologist. If that proves nothing, maybe it's a brain tumor, so next comes a visit to a neurologist. Thus it goes, until the patient develops a financial headache worse than the physical one he started with.

The Ventnor Clinic slogan—if it had one—might well be: "We give you a work-up, not a run-around." For instead of buying a series of separate tests, patients of this clinic buy a one-stop, over-all diagnostic service for a one-payment, over-all fee.

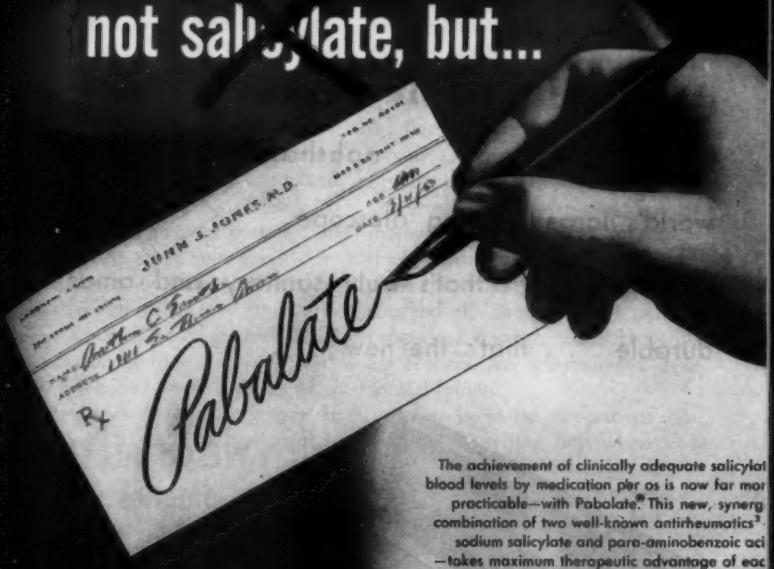
The clinic was organized in 1946 and announced itself to the profession by a brochure and letter mailed to all physicians in Southern New Jersey. The letter opened with the simple but attention-getting statement that "The Ventnor Clinic provides the family physician with an inclusive, flat-rate diagnostic service." It explained that each patient would be returned to the family doctor, together with a full report. It promised that the family physician would remain "in responsible command of the patient" who, at the same time, would retain his self-respect as "a private patient with a personal physician."

The brochure was a neat, file-sized booklet. It listed the staff, detailed each man's professional background, indicated the services available, and listed the fee for each diagnostic procedure as well as for the over-all survey.

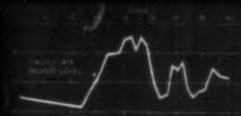
An interesting feature of the fee schedule is the reduced rate for multiple examinations or follow-up studies. These are, in general, billed at 60 per cent of the original basic fee for the service. The fees themselves are in line with general professional standards in Southern New Jersey (examples: $10 for an electrocardiogram, $50 for a complete gastro-intestinal series, $10 for a basal metabolism study).

The clinic offers diagnostic con-

not sal[illegible]late, but...



AN EFFECTIVE AGENT FOR MORE SUCCESSFUL ANTIRHEUMATIC ACTION



The achievement of clinically adequate salicylat
blood levels by medication per os is now far mor
practicable—with Pabalate.® This new, synerg
combination of two well-known antirheumatics[3]
sodium salicylate and para-aminobenzoic aci
—takes maximum therapeutic advantage of eac
drug's remarkable ability to elevate materiall
the blood level of the other,[1,2,4] when given togethe

Particularly in cases resistant to the maintenance
requisite blood levels, Pabalate affords an effectiv
agent for more successful antirheumatic actio

It is available in two forms: Tablets (enteric-coated
obviate gastric irritation), and chocolate-flavored Liqu
(highly acceptable at all ages, particularly by children

Each Pabalate Tablet or each 5 cc. (one teaspoonfu
of Pabalate Liquid contains: Sodium Salicylat
U.S.P. (5 grs.) 0.3 Gm.; Para-aminobenzoic Ac
(as the sodium salt) (5 grs.) 0.3 G

INDICATIONS: rheumatoid arthritis, acute rheumat
fever, fibrositis, gout, osteoarthritis. The Liquid
also recommended as a simple analgesic and antipyret
to replace aspirin or other salicylate therap

SUPPLIED: Pabalate Tablets in bottles of 100 and 50
Pabalate Liquid in pints and gallon

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J. Lab. Clin. Med., 33:1392, 194

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diagnostic triple-threat  the world's largest selling  ophthalmoscope, and the world's largest selling otoscope fitted in a case  that's truly sanitary and amazingly durable . . . that's the new . . .

WELCH ALLYN diagnostic set No. 983 in the sandura case

Set includes Welch Allyn's finest — the No. 110 Ophthalmoscope with standard, pin hole and slit apertures, "white line" grid and red-free filter; and the No. 216 Operating Otoscope, with rotatable speculum holder and nylon specula in five sizes. The Sandura case may be sterilized inside and out, is more compact and longer lasting than old style cases.

WELCH ALLYN, Inc. **Auburn, New York**

sultations, individual tests, general diagnostic surveys, and—when specifically asked for it by referring physicians—treatment. Each member of the clinic staff also has a personal private practice, based on his own contacts (often predating the doctor's joining the clinic); and all clinic facilities are available to these personal private patients. In addition, the clinic sees about thirty-five new patients a month for the over-all diagnostic survey, plus varying numbers referred for individual tests or consultations.

The medical staff consists of a radiologist and four internists. If a patient favors a particular physician, that doctor takes the preliminary history and does the initial physical examination. If the patient expresses no preference, he is assigned to a staff member from a rotating roster.

The first doctor, at the initial interview, tries to blueprint the studies that will be necessary. This is modified as specific findings open up new channels of inquiry.

A work-sheet is prepared for each patient. As the various examinations, consultations, and tests take place they are systematically checked off. Similarly, as a patient progresses through the survey, all his records are accumulated in a special folder.

Before he starts, the patient gets a timetable telling him when and where he will be needed and for how long. The complete survey normally takes parts of each day for

"By the way, Joe, where do you buy those signs?"

Priscoline

A potent vasodilator

effective by mouth . . .

Priscoline hydrochloride "has a definite place in the armamentarium of drugs . . . particularly in the field of *peripheral vascular disease*, or for conditions of visceral pain due to vascular spasm. Presumably the drug can be used to a great advantage in those cases in which sympathectomy would be advantageous. . . . It can also be used as a substitute for paravertebral sympathetic block."[1]

"Priscoline per se appeared to slow down progression of the disease and produce symptomatic benefits in 88 per cent of 25 patients with early proliferative and degenerative *arthritis* involving peripheral joints."[1,2]

In doses of 25 to 75 mg., administered either orally or parenterally, Priscoline "usually is tolerated with few side effects."[3]

Comprehensive literature on request.

1. Rogers, Max P.: J.A.M.A., May 21, 1949
2. Wyatt, Bernard L.: Ann. West. Med. & Surg., Aug. 1949
3. Grimson, Marzoni, Reardon & Hendrix: Ann. Surg., 127:5, May 1948

PRISCOLINE, Tablets of 25 mg.;
10 cc. Multiple-dose Vials, each cc. containing 25 mg.

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PRISCOLINE (brand of benzazoline) Trade Mark Reg. U.S. Pat. Off. 2/18878

five consecutive days. When necessary, the schedule is modified to mesh with the patient's personal or vocational schedule.

At the end of the survey, another physician integrates the findings, reviews the history with the patient, and does a second physical examination. "It's astonishing," says Dr. Read, "how many things the patient can think of at the last interview that he did not report at the first. It is interesting to note also how many tidbits the patient adds to his history as he gets rid of his anxieties and as rapport is established with the clinic staff.

"For gastric analyses, metabolism tests, electrocardiograms, and the like, our technicians and nurse drape the patient and hook him up to the apparatus. But we insist that a doctor perform the test. He gets a mine of information from the patient's reaction to a procedure. And patients appreciate this evidence of personal attention."

Examination Schedule

The details of the five-day procedure vary with each patient's needs and time commitments. In general, the first day is devoted to tests requiring no special preparation, the second day to procedures that can be done only with the patient in the fasting state—*i.e.*, breakfastless. The third day is usually devoted to X-rays that require preparation the night before (gall bladder studies, for instance); the fourth day to consultations; the last day to tests that were chronologically incompatible with those done previously and to final review, explanation, and reassurance.

The nonprofessional staff of the Ventnor Clinic includes a registered nurse, two secretaries, a receptionist-appointment clerk, three technicians, a maid, and a laundress. One of the secretaries is being trained as business manager and will soon assume the burden of paying bills, balancing books, supervising office housekeeping, etc.

Fee Payment

Fees are fixed, as explicitly set forth in the clinic's booklet; and no exceptions are made. In 97 per cent of cases, full payment is received at the time the service is rendered or on receipt of the first bill. Since the fee is known in advance, the patient does not usually come to the clinic without expecting to pay the full fee. In special cases, provision is made for spreading payment over a four-month period.

Asked about the rigidity of the fee schedule, Dr. Read answers: "If you announce a fixed fee and then start to vary it—even for the noblest of reasons—you find yourself in a booby trap. Everyone, doctor and patient, can then think of reasons for special concessions. We don't charge for services to physicians, of course; but otherwise we charge John D. Doakes the same as John D. Rockefeller. We give generously of our time to the public clinics at the Atlantic City Hospital, and

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MAXISERVICE is a comprehensive plan providing equipment, tubes, installation and maintenance

ECONOMICAL, convenient, flexible — Maxiservice assures you of a specific x-ray service adequate for your immediate needs—with *no investment*. For example, the famous Maxicon — the x-ray apparatus designed to grow with your needs — is available through the Plan. And now . . . a single-tube combination unit with table-mounted tubestand makes the Maxicon line more selective than ever. See illustration.

But this GE innovation provides more than fine x-ray equipment. One monthly fee includes all installation, inspection and repair service — even tube replacements!

Investigate the remarkable Maxiservice Plan. Ask your GE representative for folder which lists seventeen ways you benefit with Maxiservice. Or write General Electric X-Ray Corporation, Dept. C-10, Milwaukee 14, Wisconsin.

GENERAL ELECTRIC X-RAY CORPORATION

Good Grip Restored

In arthritis involving the hands, hips or any other joints, restoration of function and diminution of pain are best accomplished by complete systemic rehabilitation.

Darthronol—furnishing the antiarthritic effects of massive dosage of Vitamin D and the nutritional benefits of 8 other vitamins—plays an important role in the rehabilitation of patients afflicted with chronic arthritis.

EACH CAPSULE CONTAINS:

Vitamin D (Irradiated Ergosterol)	50,000 U.S.P. Units
Vitamin A (Fish Liver Oil)	5,000 U.S.P. Units
Vitamin C (Ascorbic Acid)	75 mg.
Vitamin B_1 (Thiamine Hydrochloride)	3 mg.
Vitamin B_2 (Riboflavin)	2 mg.
Vitamin B_6 (Pyridoxine Hydrochloride)	0.3 mg.
Niacinamide	15 mg.
Calcium Pantothenate	1 mg.
Mixed Tocopherols (Equivalent to 3 mg. of Synthetic Alpha Tocopherol)	4 mg.

CAUTION: To be dispensed only on the prescription of a physician.

Darthronol

for the ARTHRITIC

J. B. ROERIG & COMPANY • 536 LAKE SHORE DRIVE, CHICAGO 11, ILL.

we refer hardship cases to the excellent dispensary there."

Doctors on the staff of this kind of clinic do not, in most cases, gross as much income as they would in solo practice. The fixed-fee system makes it impossible to earn special windfalls when a wealthy patient needs many expensive procedures. What's more, with the nonprofessional staff outnumbering the doctors two to one, overhead is high.

Yet the clinic does offer its staff certain offsetting benefits: Each doctor has at his fingertips the facilities and personnel needed for an honest and thorough study of his patient. This fact adds much to his professional happiness, bolsters his self-respect no end.

The plan also affords more leisure time. One of the clinic physicians remains on call each week-end, so each doctor is completely free two Saturdays and Sundays out of every three. Each is entitled, moreover, to a graduate course once a year at clinic expense, so there is little danger of professional stagnation.

Some of the solo practitioners in Atlantic City have been unenthusiastic about the Ventnor Clinic, but it is winning increasing acceptance. At first it was feared that the clinic would compete unfairly with the local practitioner, and possibly raid his practice. But when doctors discovered that the referred patient was always returned to the referring physician, this fear began to fade. The clinic refuses to see a referred patient a second time without the referring doctor's specific permission.

Some have complained that the Ventnor Clinic does "unnecessary" tests. To this, the clinic has two answers: (1) It is hard to know in advance what a test will show. Better do one too many than one too few. (2) The fee is fixed in advance anyway. Every extra test is paid for by the clinic. Such extra tests earn no extra income for the clinic, mean no extra cost to the patient.

Voluntary health insurance plans are a wonderful means of distributing good medical care to more people. But among most such plans there is a forgotten man: the ambulatory patient who needs diagnostic service only. Projects like the Ventnor Clinic may help plug an important chink in the armor of American medicine.

—ROBERT M. HARLOW

"Could I put her on a bottle soon, doctor? In case you didn't notice, she's sprouted two teeth . . ."

'It Must Be *Somewhere* Around Here!'

Have trouble finding stuff in your correspondence file? Then try these tips

• My Friend Irma has nothing on my secretary. Irma, in her familiar role of a fleabrain secretary, regularly files all her boss's correspondence with "big shots" under Z. Big things remind her of elephants and elephants of course suggest the zoo. So for such letters it's Z.

Luckily, Irma's boss never refers to the files himself. I do. So in our office we had to work out an indexing (classifying) system that I could understand too.

Any letter that relates to a specific patient is naturally filed with that patient's case record. Other letters are now handled as follows:

First, my secretary reads all incoming mail. She answers whatever she can herself but shows me her answers before they go out. The rest of the mail I either answer myself or mark with an "F" (showing that it's to be *filed* and needs no reply).

If I prefer to deal with the letter at a later date, I simply pencil that date at the top. My secretary then puts the letter in our follow-up file, and I get it back at the proper time.

A competent office aide, I find, can classify most letters for filing by herself. Now and then of course she may need the doctor's guidance; or he may anticipate it and index the letter himself. Take, for example, a note from the state health department announcing a plan for distributing penicillin for the treatment of syphilis. If the physician chooses to index this himself, he simply jots on it the words "File: Syphilis." His girl then knows he wants the notice filed under the subject *Syphilis* rather than under the name of the health department.

Cross-References

In my office, to assure finding such a letter when needed, my secretary also makes out a cross-reference. At the head of a sheet of letter-size paper she types: New York State, Health Department (See *Syphilis, treatment with penicillin*). This, of course, she files under N. As a result, we have the announcement indexed in two ways: by source and by subject. Later on, if I happen to recall only that the health department issued some important information I might use, it takes but a minute to locate the letter. Or if I'm treating a patient for syphilis, it's easy to find

depression causes . . .

loss of appetite,
which leads to . . .

inadequate dietary intake
and, consequently, to . . .

B vitamin deficiency,
resulting finally in . . .

apathy, fatigue and physical debility

to arrest the "downward spiral"

'Dexedrine'* plus essential B vitamins

Theptine

an antidepressant and nutrient elixir

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the health department notice and other related data under the name of the disease.

If a sales letter interests me, I may index that, too, and have it filed along with others from competitive firms. Typical heading: *Equipment, Diathermy.*

Letters indexed by name are filed alphabetically. For filing under names of *individuals* (patients, colleagues, personal friends, etc.) here are the rules we use:

Surname comes first, followed by first name and middle initial.

Hyphenated surnames are considered one name. Thus, Harold Carter-Davis is indexed as Carter-Davis, Harold.

Titles, degrees, and other appendages are subordinated. Dr. Fred Brown is indexed as Brown, Fred (Dr.). Daniel Anderson Jr. is indexed as Anderson, Daniel, Jr.

Abbreviations are treated as though spelled in full. Wm., Fla., St., and Mt., for example, are indexed as William, Florida, Saint, and Mount. Exception to this is M' and Mc. These are abbreviations of Mac but are indexed as written:

MacGillicuddy
McArthur
M'Naughten

For simplicity's sake, we consider the average name-prefix part of the name; and we index it accordingly:

De Matin, Paul J.
Du Pont, Celeste
La Crosse (Wisc.), Police Department
Van Brunt, Stanley M.

Letters from people with the same surname are indexed according to (1) the given name or initial and (2) the middle name or initial:

Moore, J. W.
Moore, J. William
Moore, John W.

A married woman's letter is indexed according to her married name, maiden name, and middle initial—followed by the husband's name in parentheses:

Cornwall, Alice R.
(Mrs. Henry J.)

For filing under names of *organizations* (business firms, medical societies, hospitals, government agencies, etc.) our rules are comparable:

Names are indexed as written, word for word (disregarding the article "The"), except when full names of individuals are included. Thus, Unity Life Insurance Asso-

"Well, what did he tell you? Too much riotous living?"

NEW!

SEAMLESS SURGEONS GLOVES NOW

"KOLOR-SIZED" FOR QUICK, EASY SORTI

Pat. Pending

Now Seamless Surgeons Gloves are color-banded by size. This new, exclusive feature was added to the *same high quality* seamless gloves that have enjoyed such universal acceptance for over a quarter century.

The colored wrist bands denoting size are bonded to gloves by an exclusive process. Bands cannot come off! Tests prove both doctors and hospitals are enthusiastic about this wonderful new development.

For early delivery, order your requirements in all sizes through your Surgical Supply Dealer. **Specify: Seamless "Kolor-sized" Surgeons Gloves.**

TWO IMPORTA ADVANTAGES

1. QUICK SORT
Saves Time! Saves Mo More Economical!

2. EASY SORTI
Saves Trouble! A Errors! More Conv

FINEST QUALITY SINCE 1877

SEAMLE

SURGICAL RUBBER DIVISION
THE SEAMLESS RUBBER COMPANY
NEW HAVEN 3, CONN., U.S.A.

ciation is indexed under Unity; but Marshall Field & Co. is indexed as Field, Marshall & Co. Another exception is a name like New York Presbyterian Hospital; most Easterners think of this institution simply as Presbyterian Hospital; so that's the way we index it.

A company name that includes a number is indexed as though the number were spelled out. Thus a note from the 14th Street Pharmacy is filed under F as Fourteenth Street Pharmacy.

Correspondence written on the letterhead of an organization and signed by an individual has to be indexed with special care. The real tip-off is whether the letter comes from the organization as such or from the individual as such. A reply to an impersonal inquiry addressed to Parke, Davis & Co. is indexed under P. But a personal letter from my old friend Harry Mitchell, though written on a Parke, Davis letterhead, is indexed under M.

Government agencies are indexed under the name of the government, the department, and any further subdivisions—thus:

U.S. Government, Commerce Department, Census Bureau.

State, county, and municipal agencies are indexed similarly under (1) the name of the state, county, or city; (2) the department; and (3) any subdivisions—thus:

Ashtahocken (Ohio), Health Department, Communicable Disease Control Section

Note that such words as department, bureau, and section are always inverted (*e.g.*, Commerce Department, not Department of Commerce).

Most of the rules cited reflect standard practice, though some are homemade to suit my own needs. The important thing is not *what* rules you use for classifying correspondence but that you *have* a rule for each contingency and that each person using the files *sticks* to the rules as adopted.

It's the only way to keep out of the zoo. —JOSEPH ROBINSON, M.D.

Come Again

• Though she'd never had much truck with doctors, Aunt Maisie got through the examination and treatment pretty well. As she was leaving, the physician told her, "I'd like to see you again in two weeks." She kept the appointment, but was indignant at the end of the month to find he'd charged her for both visits. "The second one was your idea," she told him over the phone. "*You* wanted to see *me*." —THORA EIGENMANN

PENETRATING ANTIBACTERIAL!

Can that "Sore Throat" patient get BOTH? . . . .

THE DOUBLE-CLEANSING THERAPEUTIC GARGLE

Cēpacol is widely prescribed and recommended for:

- **Sore throat associated with the common cold and influenza**
- **Tonsillitis**
- **Pharyngitis**
- **Pre- and post-tonsillectomy**
- **Irritation from postnasal drip**

Alkaline, non-toxic . . . ideal for daily use as gargle or spray.

The Back Door to Group Practice

Does an expense-sharing plan offer a good means of easing gradually into group work?

• A general practitioner, John Bailey, has tentatively interested five specialist colleagues in the idea of group practice. At their first meeting to discuss the matter, they heard Philip Radcliffe, a medical management consultant, discuss the pros and cons of partnership practice (MEDICAL ECONOMICS, Sept. 1950). The doctors were convinced that it offers much to both physician and patient. But they remained somewhat timid about taking the plunge. Thus the discussion continued.

"Two things bother me," said the urologist. 'Mr. Radcliffe has said that referrals from outside physicians would dwindle and that our incomes would drop for a certain period—perhaps a year. After that, referrals within the group would more than make up for the loss. But can we all afford that waiting period?"

"Let me make a point," said Radcliffe. "We must remember that the general practitioner is the backbone of any group. Putting it bluntly, he brings in the business. Among you men there is one G.P. and a pediatrician—who is, of course, the family doctor for children. It would be far wiser, in my opinion, to include at least one other general practitioner at the start, perhaps two. It's been the experience of practically all successful groups that additional G.P.'s must be taken on in the course of time to handle the volume of practice that develops. I think you should try to interest two more well-established G.P.'s. They can bring substantial practices into the group and so offset some of the referral loss that you're concerned about."

"That seems wise to me," said the surgeon. "Then we could all manage a year's shake-down trial. But what bothers me is this: Suppose the group should fail. We'd

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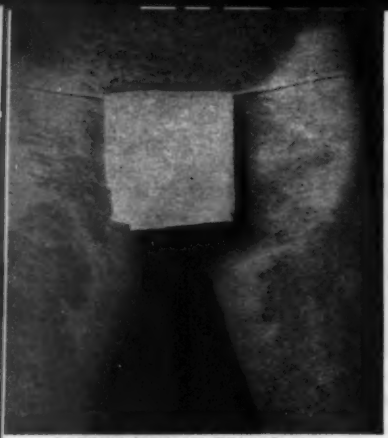
**This is the second of a series describing the transition of several doctors from solo practice to group practice. Except for some necessary disguising of names, it is a true-to-life case history. The author, George W. Condit, is a medical business manager in New York.*



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One Picture

RIASOL

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PSORIASIS

One photograph after a course treatment, compared with the original, tells the whole story of what RIASOL can do in psoriasis. Words are unnecessary.

As documented by numerous photographic records in our files, the scaly patches clear up in most cases in a period of weeks. The reddened base fades gradually, leaving the skin of normal appearance and in many cases there is no recurrence for very long periods.

An unusually effective prescription RIASOL may be applied to any part of the body, including the face and scalp. Because it is simple, convenient and pleasant to use, patients generally follow instructions faithfully.

RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin, invisible, cosmetical film suffices. No bandages required. After one week, adjust to patient's progress.

Ethically promoted RIASOL is supplied in 4 and 8 fld. oz. bottles, at pharmacists direct.

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Please send me professional literature and generous clinical package of RIASOL.

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RIASOL FOR PSORIASIS

not only lose much of our investment in it, but we'd also lose prestige in the community."

"I consider that risk negligible," said Radcliffe. "This is a normal community; it has supported you doctors as well as others. It's been my experience—as well as that of numerous men who have studied group practice—that a well-organized, well-operated group in a normal community is almost certain to succeed. Failures come from causes which you can avoid."

"These objections probably aren't nearly so important as we think," said the pediatrician. "However, Mr. Radcliffe, you have said there is an alternative method—a sort of compromise with group practice. Will you tell us about it?"

"Yes," said the consultant. "The arrangement is this: A number of doctors get together in a large medical suite or a building. They pay all expenses—rent, utilities, salaries of personnel—in common. They buy equipment jointly. But there is no sharing of income. Each man continues to work as an independent physician, setting his own fees, mailing out statements on his own billheads, and collecting directly from the patient. Income is not divided.

"Here we have a medical center of a sort, but not group practice. The men remain solo practitioners who merely share an office, its equipment, and its personnel. This fact is made clear to their colleagues on the outside. The cotenants may refer patients among themselves or to outside doctors, as they prefer. They may also receive outside referrals—in fact, they expect a substantial number.

"There is a second advantage. The physicians get more time for the actual practice of medicine by ridding themselves of burdensome administrative work—billing, record-keeping, and so forth—by using a common office.

"Third, they can jointly purchase diagnostic and therapeutic equipment that would be beyond the reach of a solo man. Similarly, they can employ qualified technicians, even establish their own laboratory. Radiology may enter into the picture, under one arrangement or another. These facilities may be expected to pay their own way—possibly show a profit.

Expense Sharing

"Fourth, by sharing expenses, the physicians can get more for their money. Half a dozen doctors can rent space more economically than one. They may have a common waiting room, with one receptionist. They can afford a medical stenographer to keep their records.

"Fifth, the doctors can gauge one another's personalities over a period of time with the view of an eventual full partnership. This is important, for incompatibility has caused more failures in partnership practice than any other reason.

"And, finally, the doctors can enjoy—to a limited extent at least—the

mutual assistance and interchange of information made possible by group practice.

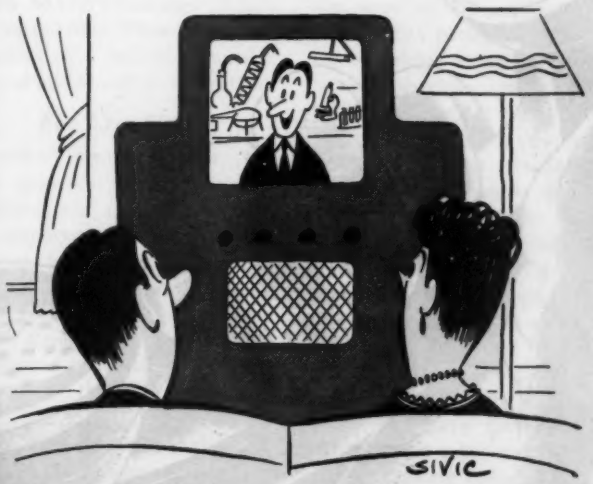
"Now," continued Radcliffe, "let's look at the other side of the picture. Most important, this sort of arrangement is a hybrid. It's not normal solo practice and it's certainly not group practice. What are its main drawbacks?

"First, you specialists would risk losing some of your outside referrals. Even if you did not call yourself a group, solo practitioners might be highly suspicious of the arrangement.

"Second, you cannot practice true group medicine. In the ideal group, the welfare of the patient transcends the importance of the fee. Curiously enough, this attitude brings prosperity to the group. The patient feels that he is getting A-1 medicine at no great increase in cost. In many instances, fees are routinely adjusted to his ability to pay. So let's not lose sight of this fact: Group practice prospers not because the doctors like it, but because the patients do.

"They feel—rightly or wrongly—that they're getting a better brand of medicine. Let me illustrate:

"A man comes in with a skin ail-

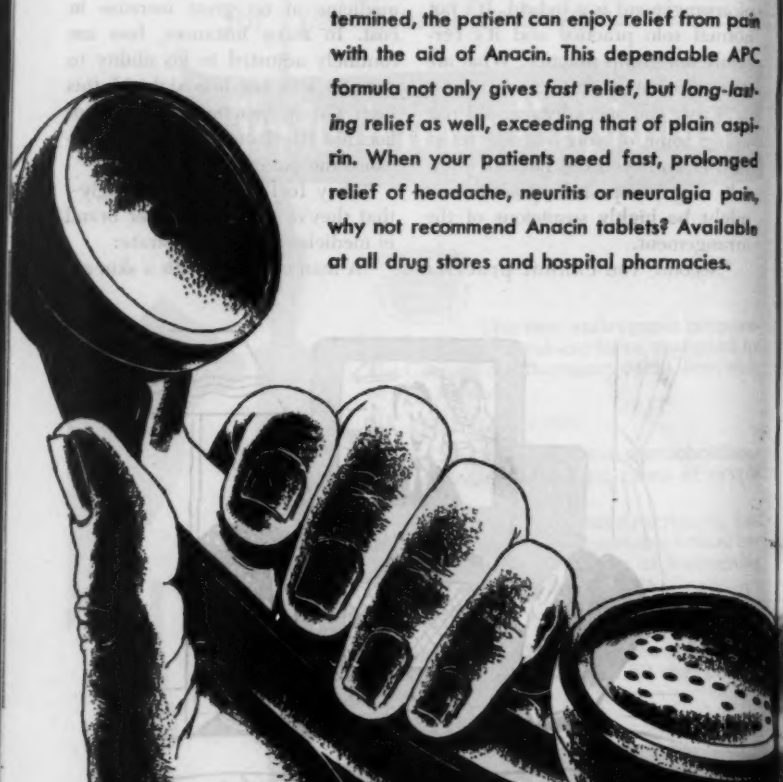


"Kreyden Laboratories present a new kind of television program called 'Secret Formula.' Every week the chemists of Kreyden will come before you in a completely unrehearsed program and discover before your very eyes a new wonder drug . . ."

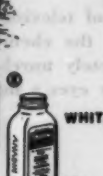
Stop-Gap for Headache Pain

Anacin

While the cause of the headache is being determined, the patient can enjoy relief from pain with the aid of Anacin. This dependable APC formula not only gives *fast* relief, but *long-lasting* relief as well, exceeding that of plain aspirin. When your patients need fast, prolonged relief of headache, neuritis or neuralgia pain, why not recommend Anacin tablets? Available at all drug stores and hospital pharmacies.



ANACIN



WHITEHALL PHARMACAL COMPANY • 22 East 40th Street, New York 16, N.Y.

ment. His family doctor diplomatically turns him over to the dermatologist. Or, if it's a throat condition, to the ENT man. Only one fee is charged, yet the patient feels that he's had the attention of two doctors. It's common practice for a doctor to call in a colleague for a 'look-see' at a patient. It isn't a referral—the G.P. is just puzzled by something, and gets another opinion. No additional fee is charged. All this is very flattering—as well as helpful—to the patient. And it explains, in part, the popularity of groups.

"But that sort of thing isn't possible in the hybrid arrangement we're discussing. Every man is on his own. So every man must be paid for a consultation. Close association of doctors on a case is impossible except at added cost to the patient.

Fee Troubles

"Another important point: The doctor must still discuss fees with his patients and, in some instances, make arrangement for installment payments. In a group, he can turn that time-consuming and not always agreeable chore over to the business manager, who often is better equipped to handle it.

"On top of that, financial difficulties can arise. Each man, for example, has an interest in the joint equipment. If he wants to pull out, the others must buy that interest. If he dies, a settlement must be made with his estate."

"Isn't that true also of a group?" asked Dr. Bailey.

"Not a well-organized one. The partnership agreement covers such eventualities. If a man dies, the proceeds of an insurance policy held by the group are turned over to his estate in lieu of all holdings. If he retires, he gets a substantial pension. Then the group can take in another man to replace him, insuring perpetuation of its work."

"Well," said the pediatrician, "it still seems to me that the share-the-expense arrangement is a good one for doctors who would like to set up a sort of medical center, yet remain independent until they're suited to full group practice."

"Yes, said Radcliffe, "for men who want to find out if they can get along in partnership work, it's a good bridge—especially good because it permits a retreat if things don't work out. It's also a good method of switching the patient from solo to group attention."

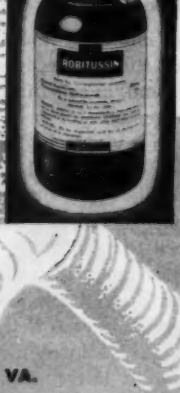
After some discussion, the physicians agreed to give the expense-sharing idea a try. Radcliffe helped them set up the proper committees to take preliminary steps.

"I have an idea," he said at the close of the conference, "that I'll be meeting with you men again in a year or two to help you form a group. You have taken the first step, and it is a big one. But don't hesitate too long before taking the second!" —GEORGE W. CONDIT

NOTE: *The next article in this series will deal with the problem of housing a medical group.*

Robitussin® 'Robins' opens a new era in non-narcotic cough therapy

Recent experimental and clinical evidence (through the development of more dependable investigative methods) has inspired the formulation of this completely new and different antitussive-expectorant. Robitussin 'Robins' unites *glyceryl guaiacolate* (unexcelled for its intense and prolonged action in increasing respiratory tract fluid[1,4,5])—with *desoxyephedrine* (a sympathomimetic bronchodilator,[3] which also helps improve patient mood and sense of well-being[2])... in a highly palatable, aromatic syrup vehicle. Robitussin makes expectoration easier and freer, and diminishes dry, irritating cough—*yet it is non-toxic and non-narcotic.*



uses In acute head and chest colds, bronchitis, laryngitis, tracheitis, pharyngitis, pertussis, influenza, measles. Also helpful as palliative of harmful cough in tuberculosis, chronic paranasal sinusitis, tobacco cough.

formula Each 5 cc. (1 teaspoonful) of Robitussin contains:
Glyceryl guaiacolate . . . . . 100 mg.
Desoxyephedrine hydrochloride . . . 1 mg.
In a palatable aromatic syrup.

dosage Adults: 1 to 2 teaspoonfuls, repeated every 2 to 3 hours as necessary. Children: ½ to 1 teaspoonful according to age, 3 or more times daily.

available In pints and gallons.

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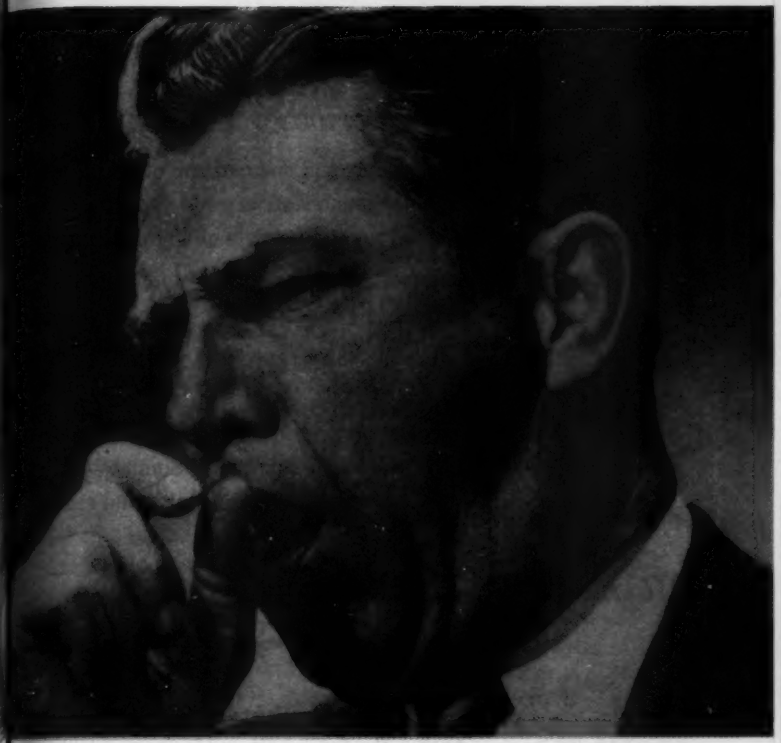

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to prescribe **SIMILAC**

simply add one measure of Similac to two ounces of water to yield two ounces of normal formula of 20 cals/oz

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to prepare **SIMILAC**

simply instruct mother to float the prescribed quantity of Similac on previously boiled water and stir

simplicity, itself

to digest **SIMILAC**

for { the proteins have been so modified / the fats so altered / the minerals so adjusted

that there is no closer equivalent to human breast milk than

SIMILAC

for term and premature infants throughout the first year of life whenever breast feeding must be supplemented or replaced. Similac has the same zero curd tension as human breast milk.

SIMILAC DIVISION M & R DIETETIC LABORATORIES, *Columbus 16, Ohio*

My Bout With Government Medicine

Free medical care isn't all it's cracked up to be, says this outspoken housewife

• Pardon me for pointing, but a subject of top national interest has developed on which I—a plain old housewife—am one of the nation's experts. Sound unlikely? Well, just listen:

America, Land of the Free, is confronted with a fifty-fifty chance of state-controlled medicine. Peculiarly enough, everyone is excited about it. But the excitement is all on the basis of foreign experiments. Why not turn to the thousands of home-grown experts on the subject—people who, during the war, received free medical care as servicemen's dependents?

I am one of them. In case you missed the experience, here is a down-to-earth account of socialized medicine in America. I tell it not because I'm mad at the Government, or because I'm not grateful. I tell it simply because it terrifies me to think what would happen if this should become the standard pattern for American health care.

The story begins in 1942. My husband was a comparative stranger wearing Second Lieutenant's bars. We had scarcely recovered from our three-day honeymoon when my innards decided to take over. A severe tummy-ache at midnight in a strange city brought on my first brush with Government medicine.

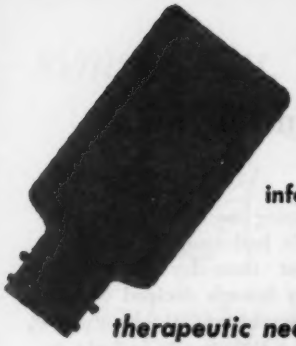
Through Channels

After tearful pleas (through channels), threats of recrimination, and three fainting spells, we finally got a doctor.

First, he had a drink. Then we discussed the weather, the post, his family, and Pearl Harbor. Finally we arrived at my pain.

At 3 A.M., the young doctor took out the forms required for all outpatient calls. Had anyone in my family ever died of cancer? What about earaches when I was a child? Where was my husband born? On and on—but never a pulse taken or a thermometer offered. At 4 A.M., we learned that the amiable young doctor was a skin specialist. He didn't see much point in making an examination because this whole business was a bit out of his line.

Finally he folded his questionnaires in triplicate and suggested we drop over to the hospital. Three



metabolic therapy in

infertility **menstrual disorders**
obesity **habitual abortion**
pregnancy

therapeutic need

As thyroid accelerates cellular metabolism proportionate increases occur in tissue demands for co-enzymes of carbohydrate metabolism,[1] for vitamin precursors of respiratory enzymes — thiamine and riboflavin — and for labile methyl groups of which choline is the most effective provider.[2]

therapeutic use

Conversely recent studies have demonstrated that thyroid function is facilitated by vitamin B complex and choline.[3,4] Thyroid has been described as an effective lipotropic agent.[5] But choline must be present for thyroxine to exert its "lipotropic" action.[4]

therapeutic effectiveness

For optimal efficiency METHYROID provides balanced dosage of those substances known to be intimately involved in the general metabolism and frequently depressed in infertility, menstrual disorders, obesity, habitual abortion, and pregnancy.

Methyroid

(An *Indicationalized* Formula)

Thyroid substance USP	**0.5 gr.**
Thiamine	**3.0 mg.**
Riboflavin	**1.0 mg.**
Choline dihydrogen citrate	**300 mg.**

Dosage: 1 to 3 tablets daily • **Supplied:** bottles of 100 tablets

bibliography

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Methyroid

in infertility

"... the empirical use of thyroid has yielded the most satisfactory results in the treatment of sterility in both sexes."[1] Adjunctive lipotropic therapy is less well known but equally important since hormonal imbalance due to failure of hepatic estrogen inactivation[2,3] and testicular steatosis may be corrected by B vitamin and choline therapy.[4]

in obesity

Thyroid functions as a lipotropic, facilitating the action of choline and fostering use rather than deposition of fat.[5] When using thyroid, choline and B complex should be administered to supply the increased needs of accelerated cellular metabolism and to provide lipotropic factors necessary for optimal fat mobilization.

in habitual abortion and pregnancy

Low thyroid function is common in patients with habitual abortion[6] and the importance of thyroid therapy in this disorder has long been accepted. Here, too, choline helps maintain healthy cholesterol levels and combats deposition of liver fat and hormonal imbalance. Administration of thiamine and riboflavin is necessary to full utilization of administered thyroid particularly when pregnancy creates an emphasized need.

in menstrual disorders

Thyroid is most effective in the treatment of dysmenorrhea[7] and other menstrual disorders.[8] Again hormonal imbalance and menstrual dysfunction of hepatic origin should be managed by supplementary lipotropic therapy to restore the normal thyroid-liver axis in its control of androgen-estrogen balance.

only METHYROID

Only METHYROID contains in one tablet the vital lipotropic elements· Choline, Thyroid, Thiamine and Riboflavin.

bibliography

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specialists later (including one oral surgeon), I was committed. I had a hunch that if I'd been put to bed when first taken sick I would have been better off. But, after all, this was on the house and who was I to complain?

I stayed two weeks. It cost the taxpayers about six hundred bucks. The food was excellent; the nurses were pleasant. My only complaint was that nobody bothered to diagnose my illness. To this day, no one knows whether I had ptomaine poisoning and could have been cured with a quarter's worth of castor oil, or was near death with a horrible Latin-named ailment. Government medicine seems to work that way.

Trial by Pregnancy

Lest you think me hasty in my judgment of free medical care, read on. Not long after my two-week rest cure at Government expense, I came down with that illness known as "morning sickness." We were new and untutored in the ways of matrimony, but at last we came to suspect that we were not alone. Still frightened by the Army's casual attitude toward diagnosis, I none the less returned bravely to the hospital.

If the Government is going to pay for your baby, you don't just call up and make an appointment. Instead you rush to the hospital on one of two days open for outpatient diagnosis, grab a number, and wait. The first day I was never called. Shop was closed at 12 noon. Some twenty of us, with minor ailments ranging from infected sinuses to pregnancy, went home and waited for the next day open to us.

Next time, my number was called after I had waited a little less than three hours. First the questionnaire. A full family history in triplicate was made out leisurely amid the screams of a sick little girl waiting her turn outside the door. I always wondered if they got around to her that day.

Bit by bit, I bashfully exposed my deepest suspicions. Finally the doctor, with whom I felt very friendly by this time, broached the good news: I was just in under the wire! Two more cases and the Army would not have been able to allow my baby to arrive at the speculated time. Of course, nobody had yet proved I was pregnant—I just had all the symptoms. But the doctor was a good guy and would fudge a little on the record in order to hold the space. (I never found out what happened if the Government decided on a different delivery date than the baby did. I suppose that was handled in Washington.)

Too Many Rabbits

Now for the proof. Having since paid for bunny tests, I feel doubly indebted to you taxpayers for the $48 worth you provided. First, some new technicians botched the job. Second, the rabbits got loose and no one could tell what kind of offspring were indicated—mine or

The effective triple sulfonamide that eases <u>your</u> mind about possible toxic effects

Pansulfa offers you the most reliable safeguards against crystalluria and renal damage. This effective triple sulfonamide contains sulfacetamide —the least toxic sulfonamide studied.* Your prescription for Pansulfa offers

1 The established antibacterial power of three sulfas.

2 Less danger of crystalluria or renal damage.

3 Uniform dosage—the thixotropic gel of the suspension assures even dispersion. Also available in palatable tablets.

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SULFACETAMIDE
SULFADIAZINE
SULFAMERAZINE

Each teaspoonful or tablet contains 0.5 Gm. (7½ gr.) of the rapidly soluble sulfonamides 1:1:1

*See Iehr, D. Federation Proc. 8:315 (1949)

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theirs. Third, the records got switched with my in-patient records and a test appropriate to my former hospital stay was run off, proving nothing. Finally a cooperative rabbit confirmed the by then obvious symptoms and I was admitted to the maternity clinic.

I would have refused to pay a private lab which, through bungling and inefficiency, took two weeks to complete a rabbit test for pregnancy. But, after all, this was free—at least to me.

Good old maternity clinic! It took all day to see a doctor—if you were lucky. You wore your warmest clothes, brought a peanut-butter sandwich, and sat in a drafty hall and waited. I was fortunate in that I was deathly ill for my entire pregnancy. I say lucky advisedly. I nearly always got the same doctor, one who had actually delivered babies in private practice before his Army assignment to an OB ward.

Back to Bed

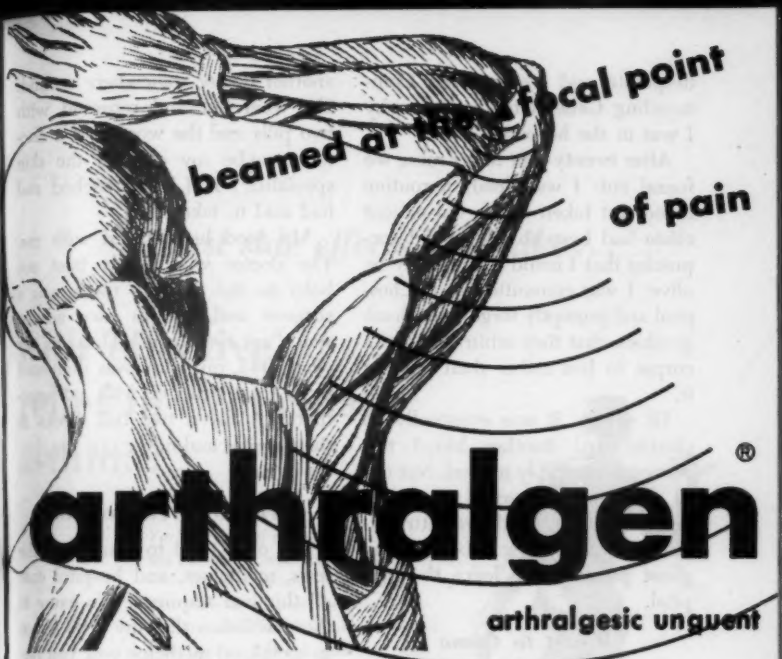
Inevitably, as things progressed, I became a steady customer at the clinic—so steady that I was committed to the hospital. It was terribly cold, but we were permitted only one blanket and had to have our windows open: A visiting General was expected and regulations must be observed. This time I was never examined by the same doctor more than once. I could never say, "How am I getting along?" for no one who knew ever approached me. My husband finally became

Surgeon's Sideline

● As a brand-new resident, I was in considerable awe of the senior surgeons. One day I was invited to join two of them for lunch. When I arrived, a dinner-table conversation was already in progress. One surgeon was saying: "Yes, she arrived late last night from downstate. Without my wife's knowing it, I took her down to the basement, shaved her, and made two incisions parallel to the recti. I reached in with my sponge forceps—it's really quite easy, you know—seized the ovarian pedicle, pulled it out, and slipped a tie around it. I did the same thing on the other side and closed it up with a couple of sutures. Think I'll make a business of it—things are rather slow at the office right now."

I gulped. Visions of illegal surgery raced through my brain—until the surgeon added: "She'll make a nice pet for the kids, now that she's spayed."

—THOMAS J. TAYLOR, M.D.



The topical use of Arthralgen brings directly to the affected area the soothing, pain-relieving effects of (a) rubefaction; (b) analgesia; (c) vasodilation.

RATIONALE OF COMPOSITION—(1) rubefaction via thymol 1% and menthol 10%. (2) analgesia via methyl salicylate 15%. (3) vasodilation via methacholine chloride 0.25%.

PROMPT AND PROLONGED RELIEF—Selected wetting agents in the ointment base lower surface tension and attain speedy penetration. The effect may be aided by massage, heat and iontophoresis. Anodynal action is prolonged due to arterial and capillary vasodilation.

CLINICAL FIELD—Arthralgen has proved its value as adjunctive treatment in arthralgias, myalgias and neuralgias, including such typical disorders as sprains, lumbago, synovitis, bursitis, neuritis, myositis, sciatica, pleurodynia.

Arthralgen is supplied in 1-oz. collapsible tubes and ½-lb. jars.

Whittier

ABORATORIES,
esearch Laboratories, Inc.
o 11, Illinois

desperate and went to the Commanding General to discover why I was in the hospital.

After twenty-four hours more we found out: I was dead! A routine blood test taken in the out-patient clinic had been so low in red corpuscles that I could not possibly be alive. I was committed to the hospital and promptly forgotten. Thank goodness that they arbitrarily sent a corpse to bed rather than burying it.

Of course, it was eventually all cleared up. Another blood test proved remarkably normal. Not until everyone concerned was convinced that my death was attributable to a dirty test tube was my ghost permitted to leave the hospital.

Worst to Come

By the time our offspring was due, we were prepared for the worst. We'd become convinced that in medical care, as in everything else, you get pretty much what you pay for—and we were paying nothing. Yet we'd gone too far to turn back. It was a Government hospital for us.

Only one thing was lacking in the maternity ward—my pal the OB man. As time and labor wore on, we got a mite anxious. The head nurse dropped in and promised to investigate. She returned to report the doctor had been transferred.

The nurse looked a little distraught, but assured us there was another doctor somewhere around. She went out and returned with two pills and the word that a doctor (maybe my old pal the skin specialist?) had been reached and had said to take these.

My good luck stayed with me. The doctor who barely beat my baby to the delivery room was a surgeon and, by his own admission, "not too rusty." Thus, in the year 1943, my baby was delivered by a total stranger with no anesthetic. I stayed two full weeks in the hospital and never saw the doctor again.

Price of Free Medicine

We once tried to enumerate the tests, medicines, and hospital care all this had required. We came to the conclusion that my little lesson in socialized medicine cost you taxpayers about $3,500. Thank you.

Strangely enough, I have been equally sick since then, but haven't paid more than a total of $500 for personal care, up-to-date medicines, and confidence in my doctor. Had I chose, I could have defrayed that expenditure with voluntary insurance or group medical plan payment.

Why must our Congressmen go loping off to the land of free wigs and trusses to discover the truth about socialized medicine? If only all of them could have babies in GI hospitals! My bout with Government medicine taught me all *I* need to know about it.

—MILDRED YOUNGER

Must side effects hitchhike...

with effective relief in bronchial asthma?

For years, relief in bronchial asthma has carried unwelcome side effects with it—nervousness, palpitation, increased blood pressure, insomnia. But now, NETHAPRIN makes prompt, symptomatic relief possible — *essentially free from the undesirable side actions of ephedrine.*

In bronchial asthma and similar allergic conditions, NETHAPRIN can be relied upon to provide effective relief . . . increased vital capacity . . . better feeling of well-being. Yet its bronchodilator, Nethamine, "causes very little central nervous stimulation and produces little or no pressor action."[1]

NETHAPRIN®

SYRUP **CAPSULES**

Each capsule or 5 cc. teaspoonful contains: Nethamine® Hydrochloride 25 mg., Butaphyllamine® 60 mg., Decapryn® Succinate 6 mg.

When Phenobarbital is preferred to the antihistamine, prescribe NETHAPHYL®—in full or half strength.

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[1]Hamel, F. K.: Ann. Allergy, 1:199-207, 1943

GLUTAMIC ACID

is being used widely in treating mental retardation. The accumulated clinical evidence is convincing.[1,2,3,4] Authoritative medical editorial comment supports the view that GLUTAMIC ACID exerts a specific influence on mental function.[4]

GLUTAMICOL

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l (+) Glutamic Acid (Buffered with Sodium Citrate)

A white, crystalline powder that supplies, in each teaspoonful, 3 Gm. of glutamic acid buffered with 1 Gm. of sodium citrate. Administer glutamic acid as GLUTAMICOL and you overcome the usual objection to the taste of glutamic acid. Give GLUTAMICOL in water, fruit juices, or milk, or add to semisolid foods, cereals, etc.

SUPPLIED: In 10-oz. bottles, at a new lowered retail price, $5.50.

Also Available

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500 mg. each

SUPPLIED: In bottles of 100 and 1,000.

Walker glutamic acid products may be obtained through all reliable drug stores, and can be depended on to provide the specific action of this highly important medicament.

Complete professional literature to physicians on request

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1. Nutrition Rev. 6: 342 (Nov.) 1948. 2. Clapp, R. W.: J. Missouri M. A. 46: 181 (Mar.) 1949. 3. Bakwin, H.: J. Pediat. 31: 702 (Dec.) 1947. 4. Editorial: J.A.M.A. 138: 1231 (Dec. 25) 1948.

Physicians Are Fair Game!

So say practitioners in the petty racket fields. Here are eight current swindles

• One day last fall, a midwestern M.D. drew a visit from the representative of an oil-burner servicing concern. The caller quoted a reasonable price for getting the doctor's heating plant in shape for the winter. The doctor took him up on it.

Next morning a workman arrived at the doctor's home-office and got busy on the furnace. Around midday he asked if he could use the phone to call his boss. The physician was not at all reassured by the tenor of the conversation.

Shortly the firm's original caller showed up. He and the workman went into conference down in the cellar, where the dismantled oil burner littered the floor. The doctor looked on in dismay. The other two, talking a jargon of cam lugs and sinker bolts, showed him the chewed-up and broken parts. Reassembly, alas, was impossible. The workman got into his truck and drove off. His boss stayed behind to sell the physician a new burner unit.

This doctor was a victim of the furnace-conditioning racket, now a fairly thriving minor industry. Its practitioners don't necessarily pick on medical men; almost any homeowner will do. But a busy physician, say Better Business Bureau authorities, can often be depended on for the lack of technical knowledge and the lack of time to check up on things that the furnace chiselers count on.

The answer? "Stay clear of firms you don't know," says the BBB. "If you're new in the community, consult a neighbor or your local chamber of commerce. These sources will steer you toward reliable concerns."

Insurance That Isn't

Gyp insurance companies are also fond of the medical profession. Their favorite way of operating is by mail, to dodge your state insurance laws and licensing requirements. When you try to collect on a policy and can't, you find that a company not licensed in your state can't be sued there; you have to file your case in the company's home state—say, Arizona.

During one recent year, in New York State alone, illegally-operated insurance outfits mulcted policy-

to promote normal evacuation

and prevent chronic constipation

KONSYL

the mucilaginous coating of plantago ovata (blond *psyllium seed).

Konsyl, the original Plantago Ovata concentrate, is designed for the safe and effective prevention and control of constipation and the promotion of *normal* evacuations . . . designed for those people who are obliged to "take something" every day. It is not a laxative in the sense that it will move the bowels of one who is constipated but, because it adds water and lubrication to the intestinal contents, Konsyl promotes normal peristalsis. Non-habit forming and easy to take, economical Konsyl produces soft and easily evacuated stools. Try it in the next case where it is applicable. Send for samples and literature now.

SUPPLIED in 6 oz. and 12 oz. packages.

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holders of an estimated $10 million. And you can't protect yourself just by reading the fine print; often policy lingo is so full of "albeit's" and "notwithstanding's" as to defy understanding by anyone but a Supreme Court justice.

That goes for some licensed companies, too. Best bet is to buy your insurance from a local agent whose reputation you can count on. "Bargain" policies, especially those sold by mail, are too often booby traps.

Choice 'Investments'

In these prosperous days, sleight-of-hand investment schemes are also flourishing. Since most people have grown wary of stock swindles, the sharpies have moved on to greener pastures.

Absentee farming, for instance. Perhaps a cooperative venture for raising avocados in California or oranges in Florida. Wherever it is, it's too far away for you to go have a look-see. But the man's figures on land values, produce prices, and profit margins are wonderfully alluring: "Why, Doctor, the farmers out there are getting to be millionaires."

Says the BBB: "If the land is too distant for you to inspect, keep your fingers off your checkbook."

Oily Talk

Oil royalties, same advice. The angle here is the breath-taking rate of "income," sometimes as high as 2 per cent a month. And the joker, of course, is that most of it isn't income at all, but simply repayment (for a while) of your capital investment. Oil wells have a way of running dry; to determine true profits, proper depletion charges must be made against cash yields. Absentee ownership of an oil well is as hazardous as any other distant-land schemes.

Even if the land is close by,

Coming of Age

• During my interne days, I answered an ambulance call for a hemorrhage case. In a tenement flat I found a 27-year-old woman, obviously of limited mental capacity, who turned out to be undergoing nothing more than normal menstruation. Somewhat wryly, I asked whether this wasn't a more or less monthly occurrence. She insisted that it wasn't.

Further questioning revealed that she was startlingly right. She'd had her first child at 16, was now the proud mother of eleven, and had never before experienced a menstrual period.

—MICHAEL BRACHFELD, M.D.

watch out. An eastern metropolitan M.D. was recently induced to take a free chance on a building lot in the suburbs. The real estate dealer was running the raffle "purely as a promotion stunt." A week later the doctor picked up his phone and found himself the lucky winner.

The dealer drove him out to the site and showed him a narrow strip of gravel, ten miles from nowhere. Still, it was a $600 lot. The doctor could have it for a mere $48.25 to cover filing fees, drawing up the deed, and so on. He thought it over while the friendly realtor drove him around to another development section.

Here the lots were bigger and better; some building was going on. The dealer suddenly had a magnanimous idea: He'd allow the good doctor $600 for his free lot against the $1,800 purchase price of one of these better lots.

A month or so later, when the newly-propertied M.D. went out for another look at his steal, he learned from a brother landholder that the standard price for the lots had been $1,200 all along.

Pride Goeth . . .

Schemes of this sort are based on the universal human urge to drive a shrewd bargain. Others depend on the touch of family pride in almost everyone. Take the biographical-encyclopedia racket.

On this one, you're approached after the death of a near relative—say, your wife's father. The High-sounding Biographical Publishing

The Surgiset for your office

SKIN CLOSURE SUTURES

Complete Emergency Suture Assortment IN STERILE PACK JARS, READY TO USE

You don't waste time boiling tubes when you have the Surgiset. The germicide in the jars keeps tubes sterile.

Surgiset contains 3 dozen Atraloc eyeless needle sutures: 5-0 monofilament nylon on small cutting needle for facial repair; 3-0 dermal on medium cutting needle for normal skin repair; 2-0 dermal on heavy cutting needle for heavy skin.

Surgiset contains an extra jar for storing your other sutures.

Supplied complete with chrome-plated rack for the regular price of 3 dozen emergency sutures. (Jars and rack given without charge.)

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NEW BRUNSWICK, NEW JERSEY

Associates, Ltd. wish to include a page about the departed in their forthcoming volume on the region's outstanding men. Can you give them the details of his life? And would you like a subscription to the volume, payable in advance? "Now, Doctor, about the cost of a steel engraving to illustrate the biography . . . ." So it goes, for as much as the traffic will bear. There are, of course, legitimate works of biographical publishing (the Dictionary of American Biography is one). But these firms don't press you for a subscription or levy any charges.

The honorary-membership game is another one that appeals to pride—this time to your own professional pride. Don't accept such memberships unless you know the society. Otherwise you're apt to get a stiff bill for your "beautifully engraved certificate."

Fake charities, playing on your heartstrings, probably qualify as the lowest racket of all—and one of the most profitable. In an era of Committees for This and Foundations for That, pity has gone big business. High-priced dance tickets, shoddy merchandise allegedly made by the blind, solicitations in behalf of unknown orphanages—the list of gimmicks is endless.

The BBB's advice: "Unless it's a charitable organization known to you personally, don't write that check till you've done some checking up. And remember, cash contributions to the solicitor himself are *always* suspect." END

Drop-cillin

50,000 UNITS* in a dropperful

9 cc. bottle contains 600,000 units.

Dram-cillin

100,000 UNITS* in a teaspoonful

60 cc. bottle contains 1,200,000 units.

Both with a delicious vanilla flavor.

*buffered penicillin G potassium

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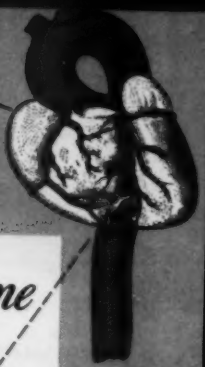


The Entire Hypertension Syndrome

RESPONDS TO

VERILOID*

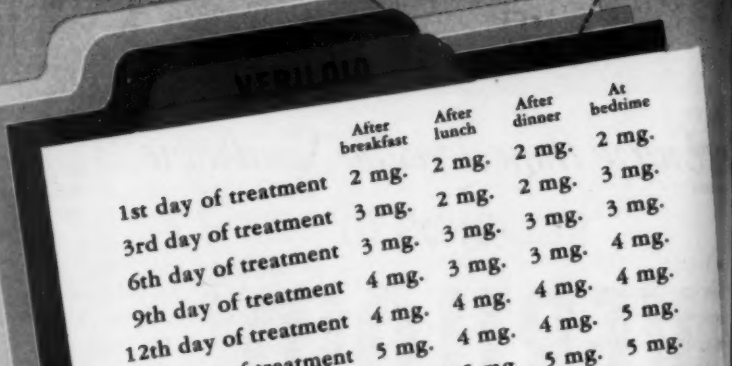
Not only does Veriloid produce a significant drop in arterial tension, but of equal importance, it also leads to gratifying relief of the discomfort of hypertension. Headache is mitigated or overcome entirely, retinal exudations have been observed to disappear, and renal function improves. The patient gains in strength and well-being, oftentimes even before the maximum drop in tension has been achieved.

These beneficial results have been ascribed to dilatation of the smaller arterioles and the improved tissue nutrition that follows. Thus Veriloid not only aids in normalizing the disturbed cardiovascular dynamic state, but it also serves to restore the patient to a useful life and occupation.

*Trade Mark of Riker Laboratories, Inc.

This Dosage Schedule

will produce optimal clinical re



	After breakfast	After lunch	After dinner	At bedtime
1st day of treatment	2 mg.	2 mg.	2 mg.	2 mg.
3rd day of treatment	3 mg.	2 mg.	2 mg.	3 mg.
6th day of treatment	3 mg.	3 mg.	3 mg.	3 mg.
9th day of treatment	4 mg.	3 mg.	3 mg.	4 mg.
12th day of treatment	4 mg.	4 mg.	4 mg.	4 mg.
15th day of treatment	5 mg.	4 mg.	4 mg.	5 mg.
18th day of treatment	5 mg.	5 mg.	5 mg.	5 mg.

VERILOID *in Hypertension*

The dosage schedule shown above is designed to produce optimal clinical results with Veriloid. Dosage is increased as indicated, to a point where an acceptable drop in tension is recorded. It is important to determine the dosage requirement of each individual, since the therapeutic need varies from patient to patient.

Veriloid should be taken preferably with or immediately after meals and at bedtime, *but never more often than at 4-hour intervals.* Experience has shown that the average patient responds best to a *daily* dose of 10 to 12 mg. When an acceptable drop in pressure has been obtained without side effects, the dosage level at that point is considered the maintenance dose.

Veriloid, representing the active hypotensive ester alkaloids of Veratrum viride, is biologically standardized in mammals for uniform hypotensive activity. It is available on prescription only through all pharmacies in 1.0 mg. tablets; bottles of 100, 200, 500 and 1000. Literature available on request.

RIKER LABORATORIES, INC. 8480 BEVERLY BLVD., LOS ANGELES 48, CALIF.

Why Have Grievance Committees?

Doctors who voice objections to the whole idea are answered by its champions

• When a medical society sets up new machinery to investigate the complaints of aggrieved patients, is it asking for trouble?

Some doctors think so. They take a dim view of the profession's current drive to strengthen its self-regulatory processes, and to let the public in on them. An Oregon physician recently capsuled this feeling. In a letter to this magazine, he says:

"I would greatly hesitate to recommend grievance committees as a means of improving medicine's public relations. The public, especially in smaller communities, has the idea that a doctor is required by law to treat all and sundry, day or night, seven days a week. The existence of grievance committees encourages such people to make unreasonable demands on their doctors.

"I refuse to make calls on Sunday. My health is such that I must have at least one other day off during the week. Yet I was threatened by one local resident when I told him this. His child was ill; I had suggested he take the youngster to a hospital. A few days later, I got a call from a member of our society's grievance committee. His whole attitude was so insulting I could hardly control my temper."

This feeling is not limited to the West Coast—as witness these additional comments from Dr. Mark L. Herman of Adams, N.Y.:

Crackpot's Heyday

"Medical society censorship is sufficient to keep in check the few doctors who require watching. If the purpose of grievance committees is to publicize the profession's self-regulation, why not simply let it be known that we have *always* chastised our fringe practitioners?

"Every crackpot, deadbeat, and ne'er-do-well will fill up the time of a grievance committee. Their stupid complaints will continue to come in as long as human nature remains the same.

"I find no such committees set up by electricians or plumbers, where *I* can protest the bills they send *me*. I am against the obsequiousness of grievance committees for our medical societies."

Valid objections? Possibly. At any rate, they deserve a reply. So

NICOTINE and TARS are better in HERE → than in YOUR PATIENT

Pack-a-day smokers, it is estimated, take 3 full ounces of nicotine and tars into their systems every month. With a Denicotea cigarette holder your patient cuts down on these poisons *without giving up a single cigarette!*

Before use:

Crystal filter is pure white.

After use:

Filter absorbs nicotine and tars—turns black.

Nicotine and tars, trapped in the Denicotea filter, *can't reach, can't harm* mouth, teeth and gums ... nose, sinuses, throat and lungs! That is why many doctors recommend the Denicotea holder rather than ban cigarettes entirely.

PROFESSIONAL INTRODUCTORY OFFER: Write for *Denicotea Holder*, $1.00 postpaid (reg. price $2.00) *Lady Denicotea*, $1.75 postpaid (reg. price $3.50)

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660 Fifth Ave., New York 19

dunhill

DE·NICOTEA
Crystal Filter Cigarette Holder

the foregoing arguments were put up to three medical societies—Colorado State, Oklahoma State, and Alameda (Calif.) County—that have been among the most active in pushing the grievance-committee idea.

Here's what Dr. William A. Liggett, secretary of the Colorado State Medical Society's grievance committee, has to say:

"The purpose of grievance committees is *not* to publicize medicine's self-regulatory functions. True, many committees have received nation-wide publicity. This, which may or may not be desirable, simply reflects public interest in the fact that any and all complaints will be heard. The Colorado board is convinced that its chief function is encouraging better professional relations among physicians, based on the AMA code of ethics.

"Our board has indeed received many complaints from crackpots and deadbeats. We agree that they will continue to come in as long as human nature remains the same. Such complaints are investigated and answered in the light of our findings. But mixed in with these nuisance complaints have been a generous sprinkling of *bona fide* cases. They arise from carelessness on the part of physicians, indiscreet remarks by colleagues, and uninformed lay comment.

"There have been no more than half a dozen cases during the past four years in which our board has recommended fee reduction. Almost always, the medical services have justified the fees charged. Nearly every fee case has arisen from the failure of the physician to explain the reason and need for the fee he set."

Triple Viewpoint

Dr. Paul B. Champlin, grievance committee chairman of the Oklahoma society, puts it this way:

"The primary purpose of any grievance committee should be one of service; the publicity value should always remain incidental. Our committee is authorized to consider complaints from three principal viewpoints:

"1. Amount of service rendered.

"2. Responsibility assumed.

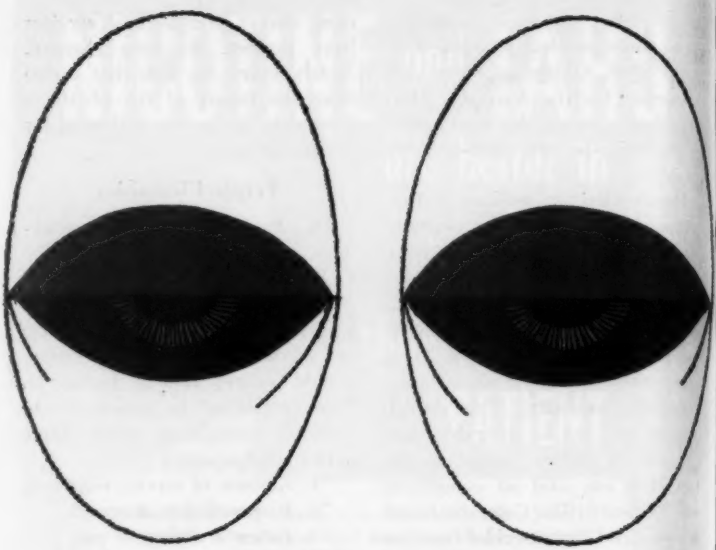
"3. Patient's ability to pay.

"These factors were selected on the basis of the most common complaints against the profession as voiced by the general public and in the press. As for neurotics, malingerers, and generally insincere complainants, such cases have been at a minimum.

"It is true that there are no grievance committees provided for the public by the trades. But we believe that the medical profession, with its long history of self-imposed ethics and discipline, has responsibilities to the public that are not shared by business and the trades.

"We believe that the profession should always be strides ahead of any other group in service to mankind and in ethical integrity."

And here, to wind things up, are



when the patient isn't quite "up to snuff" . . .

a good tonic is often all that is needed.
To stimulate appetite, to restore vigor and general tone,
Eskay's NEURO PHOSPHATES and Eskay's THERANATES are two
of the most useful preparations you have. These tonics
are prescribed so widely because they work so well.
Both are available in 12 fl. oz. bottles.
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Eskay's Neuro Phosphates*

a palatable and effective tonic

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the formula of famous Neuro Phosphates, plus Vitamin B_1

*T.M. Reg. U.S. Pat. Off.

the comments of Dr. Donald Lum, chairman of the Alameda County Medical Association's committee on medical care distribution:

"We agree that it is sufficient to publicize the fact that the profession accepts responsibility for protecting patients from fringe practitioners—*if* the public is told where and how to file complaints against these practitioners. The trouble with most old-line censorship setups is that they handle only complaints of doctors against doctors. The public is unaware of their existence.

"It has not been our experience that crackpots, deadbeats, and ne'er-do-wells monopolize our time. With repeated and effective advertising, our own association of 1,000 members (treating 10,000 people daily) receives only three or four complaints a week.

"Nearly all are based on sincere misunderstandings of responsible, well-meaning people. In few instances are the doctors guilty of malpractice, excessive fees, or any other unethical conduct. In nearly every case, though, the doctor *is* guilty of failure to explain the fee, what it covers, the reasons for the treatment given, etc.

"Thus we are often able to return a dissatisfied patient to his doctor with a better understanding of the problems of medicine." END

"So I told him I didn't read that Kinsey book 'cause I'm waiting till they make it into a movie."

What Automatic Typing Offers You

It speeds office routines, yet preserves the personal touch. Some data, too, on other duplicating processes

● Ever wonder—when your office output bogs down—how to ease the work load?

More than one practitioner has found help in the use of form letters.

"Sure," you answer. "I have lots of letters, instructions, and so on that could be reproduced mechanically. But a patient can easily spot such forms. And *my* patients expect individual attention."

Though your patients may have sharp eyes, the most observing will be unable to detect material duplicated by automatic typing. This process, which a number of letter companies can do for you, produces a result identical with original typing. It's not to be confused with multigraphing, mimeographing, or photo-offset; these methods serve a useful function, but not when the effect of hand typing is required.

Suppose you want to give a patient diet instructions. If complicating factors are present, a special list may have to be typed by your secretary. But in many instances, the diet will be so standardized that you can have one or two hundred copies reproduced by automatic typewriter on your letterhead. You can then distribute them as the need arises.

The patient knows it takes time to prepare individual instructions and to have them typed. So it's sometimes best to mail them to him after the visit. This has the additional advantage of giving you another contact with the patient, and it's easy to do. Your secretary simply writes a one- or two-sentence covering letter, and the instructions are enclosed.

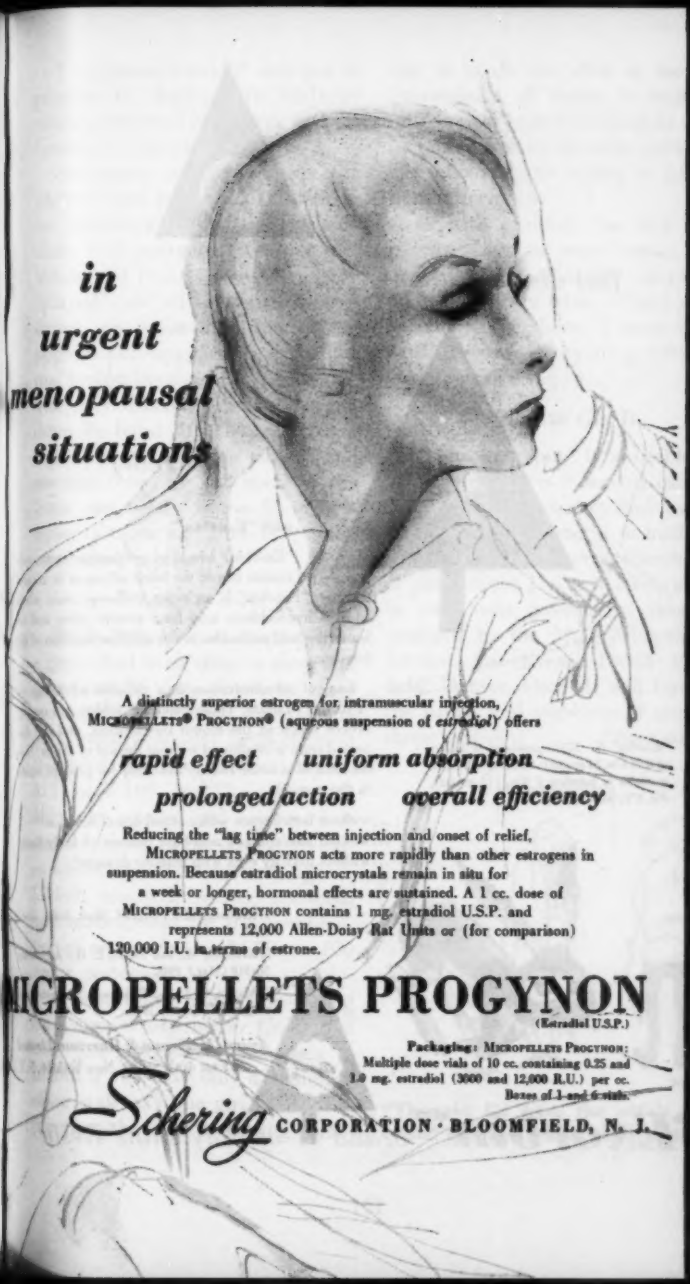
How to Use

Automatic typing may be used for almost any form in which the appearance of original typing is required. For example:

¶ Letters reminding patients to come in for periodic health examinations, letters suggesting immunization.

¶ Instructions about prenatal care, about infant feeding, or in preparation for basal metabolism tests.

¶ Lists of foods to include and to avoid in a diet. [*Turn page*]



A distinctly superior estrogen for intramuscular injection,
MICROPELLETS® PROGYNON® (aqueous suspension of *estradiol*) offers

rapid effect ***uniform absorption***
prolonged action ***overall efficiency***

Reducing the "lag time" between injection and onset of relief, MICROPELLETS PROGYNON acts more rapidly than other estrogens in suspension. Because estradiol microcrystals remain in situ for a week or longer, hormonal effects are sustained. A 1 cc. dose of MICROPELLETS PROGYNON contains 1 mg. estradiol U.S.P. and represents 12,000 Allen-Doisy Rat Units or (for comparison) 120,000 I.U. in terms of estrone.

MICROPELLETS PROGYNON

(Estradiol U.S.P.)

Packaging: MICROPELLETS PROGYNON: Multiple dose vials of 10 cc. containing 0.25 and 1.0 mg. estradiol (3000 and 12,000 R.U.) per cc. Boxes of 1 and 6 vials.

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MICROPELLETS PROGYNON

SCHERING

¶ Announcements of changes in practice or changes in address when a personal letter may be preferable to a printed card.

Automatic typing employs the player piano principle. The text to be reproduced is typed on a machine that perforates a master roll. When the roll is subsequently "played" on an automatic typewriter, an exact duplicate of the original text appears. It looks like real typing because it *is* real typing. The only difference is that it's not done by hand. If a letter is being reproduced, the same ribbon and machine used for the body of the letter are used for the fill-in (recipient's name and address); so the two match perfectly.

What It Costs

Prices for automatic typing vary a good deal from shop to shop and from city to city. However, they are roughly as follows for a single-page, twenty-five-line letter of about ten words per line: first 100 copies, $11; next 100, $9. The charge for filling in names and addresses is usually about $3 per 100. If you also wish to have your letters signed, folded, inserted, sealed, stamped, and mailed, add for this combination of services about $4.50 per 100 (plus postage).

At first blush, automatic typing may appear expensive. Compared with less satisfactory processes, it is. But if you have only a minimum office staff—say one girl for a busy practice—the cost of getting someone in to do the work or the inconvenience of trying to cram it into an over-crowded schedule may be false economy. In such cases the cost of automatic typing is apt to be *relatively* low.

As with printing, the unit cost becomes less as more copies are ordered. If less than 100 are needed, it may prove wiser to have your secretary type them; if more than 100, automatic typing will be worth considering.

Where to Get It

Automatic typing is available in most cities. Even if service cannot be had locally, you may find it convenient and economical to mail requirements to concerns elsewhere. If you cannot locate a letter shop in your own community, drop a postcard to the Mail Advertising Service Association, 18652 Fairfield, Detroit, Mich. It will furnish the names and addresses of several shops near you. [*Turn page*]

"Thought I'd have the wife's and kids' checked while we're at it."

Happy mealtime is good Baby Psychology!

FOOD is a focal point in a baby's whole personality development. A cooperative attitude gained from happy mealtimes will be carried over into his relationship with his mother. Even with the whole outside world.

Flavor-guarded Beech-Nut Foods in all their appealing variety are a great help in establishing good eating habits. And babies' zest is such a relief to overanxious mothers!

A wide variety for you to recommend: Meat and Vegetable Soups, Vegetables, Fruits, Desserts—and Cereal Food.

All Beech-Nut standards of production and advertising have been accepted by the Council on Foods and Nutrition of the American Medical Association.

Beech-Nut FOODS for BABIES

Babies love them...thrive on them!

Incidentally, when you have to supply names and addresses for fill-ins, don't ask your secretary to type a list of them. Instead, have her address the envelopes and let the shop use them as a list. This saves unnecessary duplication of effort. After the letters have been prepared, it will usually be advisable to have them and the envelopes returned to you for signing, stamping, and mailing from your own office.

Other Processes

Although multigraphing, mimeographing, and photo-offset are of little value for personal messages, their usefulness for impersonal communications is well established.

Multigraphing ranks second in similarity to hand typing. It is when names and addresses are filled in that the difference in type becomes most noticeable.

Multigraphing is handy when you send out a letter and want to have it recognized as a form. A good many collection letters fall in this category. Your object is to remind the patient of his obligation. Yet you may not wish to indicate that you have singled him out as a special offender.

Text to be multigraphed is composed in actual typewriter type. Copies are run off on a miniature rotary press, the impression being struck through regular typewriter ribbon. Fill-ins often match the body of the material surprisingly well. Cost for 100 letters of the

"No matter what he finds, you'll end up with penicillin anyway."

length already specified is about $6. The second 100 will cost about 70 cents.

Mimeographing is best used for such things as impersonal lists where appearance is unimportant; when reproducing scientific papers for newspaper release; and for form notices to insurance companies, committee members, and the like. It should seldom, if ever, be used in communicating with patients. For the first 100 copies (250 words), the price is about $3.50; for the next 100, about 50 cents.

Photo-offset is often used to reproduce material that has already appeared in print, when the type is no longer standing. In such instances it is usually cheaper to duplicate by this method than to have the type reset.

One advantage of photo-offset is that line illustrations can be reproduced along with the text. The photo-offset process, as its name implies, is a combination of photography and offset printing. For 500 copies of a four-page article (MEDICAL ECONOMICS page size) the cost is about $14. END

Busman's Holiday

By Roy Eastman

● Back in Cleveland, my friend the traffic cop at the intersection just below my window would come around on his day off and stand on the corner watching the other fellow handling his job.

His quiet enjoyment of the scene was plainly evident. He wasn't watching with a critical eye; neither was he gloating over the circumstance that on this particular day another guy had to stand out there in the sun and wave his arms and sweat. He was just having fun watching his own job from the sidelines. He was taking a typical busman's holiday.

In the process, he doubtless learned something about directing traffic. But if he did, it was unconsciously, and it was by no means the reason for his coming around to the corner on his day off.

The thing I want to call attention to here is how this principle of the busman's holiday applies to the doctor's reading. I think it is a point that is not generally recognized by editors, yet one that deserves thought. [*Turn page*]

It is said that people read either to *find* themselves or to *lose* themselves. They read some things in a conscious effort to *improve* themselves, their work, or their environment. They read other things in an effort to *escape* from themselves, their work, or their environment. Hence the term "escape reading."

In most so-called "consumer" publications, it is accepted practice to try to preserve a nice balance between these two types of reading.

But when it comes to medical journals, a lot of people, including editors, believe that nobody ever reads them just for the enjoyment of it.

And that is a *very* mistaken idea.

You might as well say that no doctor goes to a convention for the enjoyment of it. Truth is that aside from the officers, the speakers, and some others, few go primarily for any other reason. They find pleasure in learning; they find pleasure also in relaxing and in mixing with their friends. If they didn't, they'd stay home.

For a medical convention is, after all, just a busman's holiday apotheosized.

The interest of the average reader in his medical journal is much the same. If he reads it at all, he does so because he likes to and not just because he feels he ought to.

Naturally, no one reads a medical journal *solely* for pleasure, just as no one is in practice *solely* for the fun of it. But many physicians do get more fun out of their work than anything else. By the same token, many get as much satisfaction and relaxation out of reading their medical journals as from reading anything else.

Sometimes I think that editors take their readers too seriously, that they appraise them too coldly in terms of their professional interests and not enough in terms of their *human* interests. They may be doctors, but first they're *people*.

Of one thing I am certain, and that is this: The most welcome journals are those that have recognized this point and are as interesting to the man as they are useful to his practice.

Perhaps that is one of the reasons why a *sine qua non* among such journals is an intelligent sense of humor and an appreciation of their readers as human beings.

For that, it seems to me, is the only ink that reaches through paper and that prints on the hearts and souls of men. END

Reverse the Vaginal Pathology to Normal Physiology

"In an infected vaginal canal we usually find the following conditions:

- decrease in epithelium
- reduction in glycogen
- few or no Döderlein bacilli, and
- reduced acidity."*

infected • inflamed

*Kuder, K.: Vaginal Infections, J. Am. M. Women's A. 5:173 (May) 1950.

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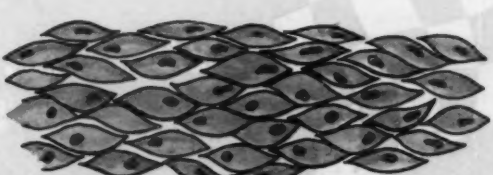
Floraquin®—corrects these deficiencies. It supplies the powerful protozoacide, Diodoquin-Searle (diiodohydroxyquinoline), together with lactose, dextrose and boric acid for restoring depleted glycogen and reestablishing a pH unfavorable to vaginal infections.



normal epithelium

Floraquin Powder—for office insufflation.
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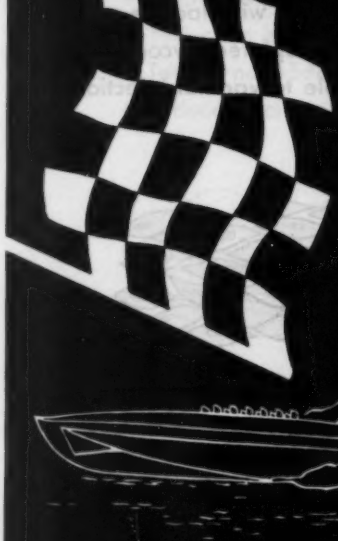

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For colon or bowel resection

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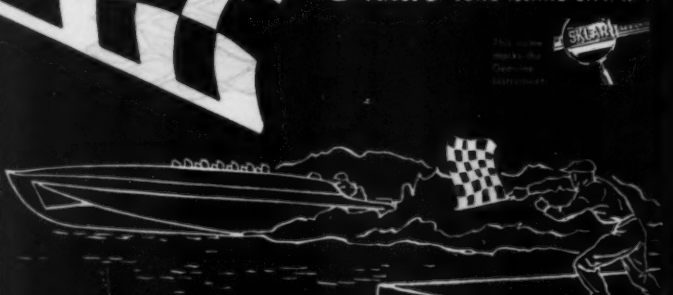

The Gold Cup of the American Power Boat Association denotes leadership in the motor boat field.

Your Stake in Collective Bargaining

Why the future of Blue Shield hinges on doctors' relations with labor unions

In a few years, prepayment will become the major income source of most American doctors. Thus are the economics of medical practice being quietly reshaped.

What groups have a hand in this reshaping?

Organized labor, for one. The demand for prepaid medical care is often a mass demand—sometimes industry-wide, sometimes even nation-wide. So the big labor unions are determined to play a key role. They mean to bargain for terms. And we must bargain with them if voluntary prepayment is to work.

Because of the way unions sometimes behave, dealing with them is not always pleasant. But there are compensations. The unions control large blocks of subscribers. They can bring these subscribers into prepay plans en masse. This makes for both stability and economy in plan operation.

There's no need for doctors to deal directly with labor unions. Blue Shield people can serve as our bargaining agents. They've had wider experience in the ways of labor unions. They have no professional dignity at stake when they sit down to the rough-and-tough business of bargaining.

But doctors must learn some of the rules of collective bargaining. For example:

When a labor union agrees to a conference, its representatives will come prepared to deal with specific and limited objectives. Our representatives must come equally prepared. This means a changed approach on our part.

Basis for Fees

Recently, when Blue Shield felt impelled to adjust income ceilings and fee schedules, it polled the doctors for ideas. But such figures can't be set by unilateral action on the part of doctors. We need to know, for example:

¶ What increase in Blue Shield membership will result from the adjusted income ceiling?

¶ What will be the increase in medical income as a result of this new enrollment? *[Turn page]*

**Dr. William Bromme, author of this article, is editor of the weekly Detroit Medical News.*

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Westinghouse

A Symbol of Reliability

THE WESTINGHOUSE FLUOROSCOPE TELLS A STORY OF PERFORMANCE

Proved in use by the medical profession. A unit representative of Westinghouse quality X-ray equipment.

In performing any technique, the Westinghouse Fluoroscope handles smoothly. All moving parts are accurately counter-balanced and completely maneuverable; controls are at finger's tip; dials are easily read. Neat and modern appearance cloaks carefully designed radiation-limiting construction.

With simple adaption even such special techniques as heart measurement can be accommodated. Or, with other minor additions, radiography can be performed . . . more than usual capacity is provided (85 kv at 30 ma).

For further information about the Westinghouse Fluoroscope or any other item in the comprehensive line of Westinghouse X-ray equipment and accessories, call your local Westinghouse X-ray Office. Or write Westinghouse Electric Corporation, 2519 Wilkens Avenue, Baltimore 3, Md.

J-08274

WESTINGHOUSE X-RAY
2519 WILKENS AVENUE, BALTIMORE 3, MARYLAND

¶ What per cent can existing premiums be raised without risking large cancellations?

¶ What percentage of the expected subscribers will be earning $2,500, $3,000, $3,500, $4,000, $4,500, etc.?

At present, we don't have this sort of specific information. We can't bring it to the bargaining table. Meanwhile, our impulsively-set premiums and fee schedules can easily price the voluntary health plans out of existence.

To remedy this, we need Prepayment Benefits and Fees Committees. Such committees, in my opinion, should be set up at once on local, state, and national levels. They should be provided with funds for hiring economists and analysts. Their job would be (1) to provide the doctors with the economic facts they need to deal realistically with prepayment; and (2) to provide our bargaining representatives with the necessary documentation to make the doctors' position strong.

Once representatives of labor and medicine have agreed over the bargaining table, we must understand that the arrangement is of limited duration. Each year, new demands may be expected from the union. It's up to us to face this process objectively and to be ready with open minds and an accurate knowledge of the facts.

To make Blue Shield succeed, we doctors must pay more attention to what large groups of consumers want. We must recognize the need for down-to-earth bargaining. The way these problems are met will determine whether or not the transition into Twentieth Century medical economics can be made on a voluntary basis.

—WILLIAM BROMME, M.D.

Weaker Sex

• I had just cauterized a bleeder on the nasal septum, the epistaxis had subsided, and I was standing idly by. Suddenly the patient, a plethoric, hypertensive white mountain of female fat, decided to hoist herself from the operating table into her wheelchair. What she used for a fulcrum was my shoulders. The black spots still before my eyes, I said, "Good grief, Mrs. Porcino, you could have broken my neck."

Could have, and did. Two days later an X-ray revealed a compression fracture of a dorsal vertebra. I'm still wearing a spinal brace—and staying away from overweight patients.

—M.D., MARYLAND

Signs Build Preventive Practice

Quarantine notices, posted on bulletin board, remind people of needed injections

• In my pediatrics work, I've hit on a simple procedure that encourages early immunization. Five quarantine signs, displayed in rotation on my consultation-room bulletin board, keep parents conscious of smallpox, diphtheria, typhoid, measles, and whooping cough. Thus no person can enter my office without being reminded of at least one preventable disease.

These signs were obtained from the city health department. Tacked to a bulletin board in my consultation room, they stand out like a sore thumb. The incoming parent is attracted at once by the sign currently on display.

Once the sign has been read, I'm usually asked some question about the disease or how it can be prevented. That gives me a chance to point out the importance of preventive inoculations. Children are often brought to me to be examined or to receive simple treatments for such things as ivy poison, a minor cut, or a bruise. But, as a result of the notices on the bulletin board, many leave the office with an inoculation against one of the five diseases.

The reason for displaying only one sign at a time is to avoid monotony. As a rule, the signs are changed every few weeks. This gives frequent callers a change of scenery.

The diphtheria sign is displayed during the summer, in expectation of the fall season for diphtheria. The measles sign is shown during the late winter months to prepare for the spring season of this disease. The typhoid sign is displayed soon after the turn of the year. Small-pox and whooping cough signs are displayed in between seasons.

Overtures from Parents

These quarantine notices have elicited a uniformly favorable reaction from parents. As every physician knows, some people dislike being told by word of mouth what they should do. Since the mother or father, after reading the signs, brings up the subject, I am placed in a strategic position.

From experience I have learned what most parents wish to know about inoculations. I am thus able to describe each procedure briefly. What manner of approach to use in bringing up the subject of inoculations to a stranger is no longer a

problem. In my discussion I always state the price of each inoculation. This saves embarrassment later on.

Diseased Servants

There is still another sign that I use intermittently: It asks the question, "How healthy are YOUR servants?" This sign is intended especially for my regular patients. Parents seem to forget that a respiratory tract infection in the maid is just as contagious as it is in a member of the family. As a means of encouraging preventive measures, I find that case histories of contagious diseases, related briefly to patients, are unsurpassed.

Much of my practice is in preventive pediatrics. I want the proportion to increase. The procedure described has proved a most potent factor in building up this phase of my work. I believe it will do the same for any man, whether pediatrician or general practitioner, who adopts it. — CHARLES MILLER, M.D.

"Su-weet Ad-o-line!"

THE SIMPLE, BLAND, STERILE *Dressing* FOR...

cover

—non-adherent, lubricant, emollient, and *sterile* dressings for burns and wounds of traumatic or surgical origin

pack

—non-toxic, non-macerating, separable, and *sterile* packing material for post-operative plugs, packs, rolls, and tampons

drain

—non-irritating, non-sticking, pliant, and *sterile* material as wick or drain or wrap-around for tubing.

Always ready—always sterile: *VASELINE* Sterile Petrolatum Gauze Dressings are so handy and so useful wherever an emollient, non-adherent, non-irritating, and non-macerating Covering, Packing, or Drainage material is indicated, for emergency or routine application. From compact foil-envelopes, they may be cut into strips or pads of various dimensions, or folded, or used full-length. Fine-meshed absorbent gauze (44/36, Type I, U.S.P.) prevents growth of granulation tissue through gauze. The light, even impregnation with *sterile* petrolatum (white petroleum jelly U.S.P.) avoids danger of tissue maceration. Available through your regular source of supply.

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Vaseline
Trade-Mark ®
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Petrolatum Gauze Dressings

In Two Convenient Sizes:

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envelopes to the carton

No. 2. DUPLEX ENVELOPE — TWO 3" x 15"
6 envelopes to the carton

IN BURNS, WOUNDS, AND MANY SURGICAL PROCEDURES

He Runs Medicine's Biggest Journal

[*Continued from* 60]

One of Martinus Woerdeman's first steps was to talk five large Dutch publishing firms into forming a syndicate that could handle the immense printing job, pony up the estimated $2 million needed to see the venture through its first five years. From the start the Netherlands Government was behind the scheme, pledging loans and the required foreign exchange to pay for foreign journal subscriptions (current annual outlay for these: $140,000). Gradually Dr. Woerdeman built his home-office staff, which now includes, besides chief and specialist editors, some eighty translators, proofreaders, and administrative assistants.

Yet organizational problems, even in war-pillaged Holland, he says, were minor compared with such continuing editorial posers as these:

¶ The conglomeration of weights-and-measures systems throughout the world (he reduces all figures to metric and centigrade terms) and an equivalent state of Babel in world medical terminology.

¶ The necessity of relying so heavily on the judgment and accuracy of 5,000 scattered abstract writers (since it would take an army of editors to check the abstracts against the original copy).

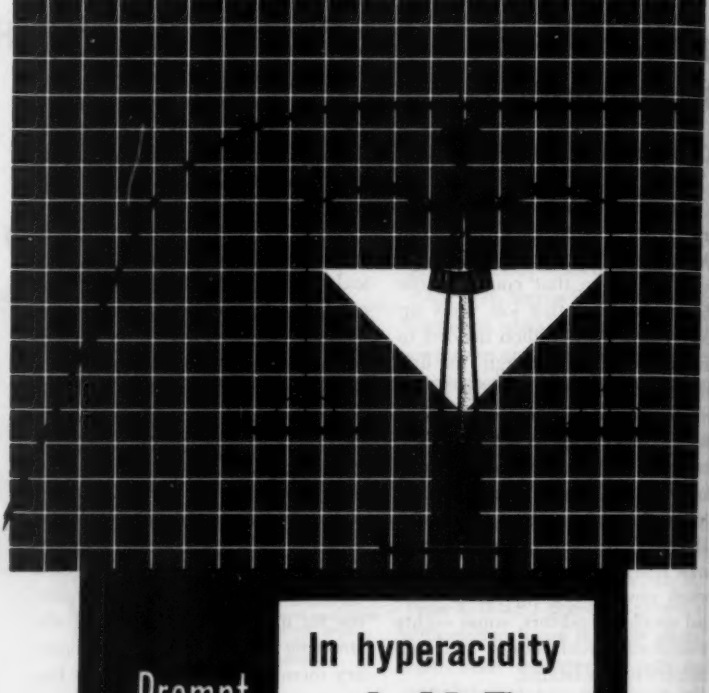
¶ Ambiguous writing and inexpert editing of much material at original publication level.

¶ The time lag between original and digest publication, always a headache in abstracting (present lag: six months; present goal: four months).

¶ The many restrictions that still remain on free interchange of medical information among nations in a world only half free.

Busy as he's been through the war and post-war years, Dr. Woerdeman has also found time to complete a monumental atlas of anatomy, the second volume of which was published this spring. Along the way he's picked up such kudos as a recent honorary degree from Oxford University, decoration with the Order of the Dutch Lion, vice-presidency of the UNESCO committee on medical and biological abstracting and indexing, and honorary membership in a galaxy of European medical and scientific societies.

[*Turn page*]



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Features:

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SUSPENSION—for home or office use: bottles of 12 fl. oz.

TABLETS—convenient for "between times" use: handy tins of 30; bottles of 100. Tablets dissolve quickly in gastric juice.

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All this he takes with a self-effacing smile and a shrug. It's Excerpta Medica that he sets his heart by. His associates have no doubt that he will make it a permanent and important fixture in the literature of the profession; already, they point out, it's the most comprehensive abstracting service in existence. Yet Dr. Woerdeman's plans for it, given a few thousand additional circulation, envision at least two major offshoots:

¶ A journal for general practitioners—in effect, a digest of the other fifteen.

¶ A series of yearbooks, which would report annually the significant developments in medicine throughout the world. —C. M. HUTT

APA Pouch Keeps M.D.'s Posted at Low Cost

● How to distribute printed matter of special interest to a large audience at low cost? Here's the way the American Psychiatric Association does it:

Instead of mailing each piece individually, it puts all announcements, questionnaires, survey reports, invitations, and its regular newsletter into one paper pouch, and makes a single monthly mailing of it. This way it costs only a fraction of what it would cost to send each piece separately. And since it is a bulk mailing, it also gives individual members and allied professional societies an opportunity to include something occasionally.

There's another advantage in that the mailing usually more than pays for itself through advertising. Book publishers with something of genuine interest to APA members may buy the privilege of inserting their leaflets, brochures, etc. Each advertiser furnishes the necessary 6,000-odd copies of his promotion piece; all the APA has to do is put them in the 9" x 12" envelope.

Classified ads are also included in the pouch each month. These, however, are limited to positions wanted.

While some members criticize the inclusion of advertising, the year-old mail pouch has helped to: (1) distribute important APA messages at little or no cost, (2) keep members posted on happenings in related fields, and (3) swell the association's treasury. END

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...from an appetite-building, blood-building iron tonic!

B_{12} activity of at least 12 micrograms of vitamin B_{12} per ca. as determined by microbiological assay.

Hematinic quantities of iron (ferrous gluconate).

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And it's pleasant tasting!

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IRON B COMPLEX WITH B_{12} ACTIVITY

Merrell
1828
CINCINNATI • U.S.A.

How to Streamline Your Car Insurance

[*Continued from page* 58]

policy with no deductible feature at all, but the premium will give you convulsions of the pocketbook.

Unless you're a congenital fender-masher, it'll pay you in the long run to underwrite losses of up to $100 yourself (not forgetting to take credit for them on your income tax return to the extent that your car is used professionally). Here, also, it will pay you to get the most favorable rate classification on your car.

Be sure your fire-and-theft policy provides for the hire of a substitute car until your own, if stolen, is recovered or replaced. Note, however, that no such policy protects the *contents* of your car (*e.g.*, your professional bag); only a floater policy will do that.

Your fire-and-theft insurance should also include comprehensive coverage. This protects you against loss from water damage, flood, hail, windstorm, falling objects, missiles, explosion, earthquake, riot, vandalism—almost anything you can think of except acts of war.

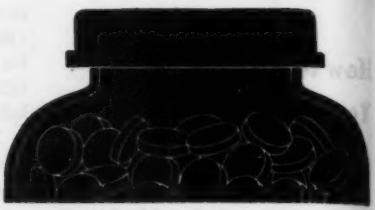
A towing policy, also covering roadside repairs, is another good investment for the average non-urban practitioner. Bills of up to $10 for any one road disablement are insured at a cost of about $2 a year. (But *don't* absent-mindedly sign up for this one if you're already entitled to road service as an automobile club member.)

The kind of insurance company you deal with will affect the soundness and economy of your coverage. Mutual companies typically pay dividends of up to 20 per cent annually. Taking this into account, you can ordinarily buy insurance at a lower net cost from a mutual concern than from a stock company.

But many mutual companies are small, local affairs. What you need is a good-sized company, whether stock or mutual, with broad, nation-wide service, so that wherever you travel you're within easy reach of a company representative and a friend at court.

—SPENCER M. SCHRYVER

"An' after we collect the bill the guy's a patient again, see?"



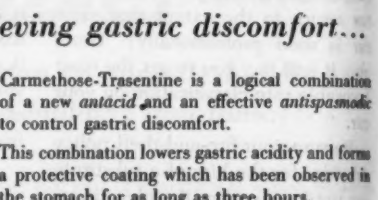
NEW!
Carmethose–Trasentine

Doubly effective in relieving gastric discomfort...

Carmethose-Trasentine is a logical combination of a new *antacid* and an effective *antispasmodic* to control gastric discomfort.

Controls hyperacidity . . . This combination lowers gastric acidity and forms a protective coating which has been observed in the stomach for as long as three hours.

Controls spasm . . . Carmethose-Trasentine relieves gastric pain also by relaxing smooth muscle spasm. The anesthetic effect of Trasentine further controls gastric irritability. Carmethose-Trasentine is non-constipating, palatable and eliminates acid-rebound.



Issued: Carmethose-Trasentine Tablets: sodium carboxymethylcellulose, 225 mg.; magnesium oxide, 75 mg.; Trasentine, 25 mg. Bottles of 100.
Carmethose without Trasentine is also available for use in cases where the antispasmodic component is considered unnecessary. Available as Tablets, each containing sodium carboxymethylcellulose 225 mg., with magnesium oxide 75 mg., and as Liquid, a 5% solution of sodium carboxymethylcellulose.

Ciba *Pharmaceutical Products, Inc.,*
Summit, N. J.

CARMETHOSE T.M. (brand of sodium carboxymethylcellulose)
TRASENTINE ® (brand of odiphenine)

New Conflicts Rock Hospital Staffs

[*Continued from page* 56]

the story. "I aimed to make myself so useful to the doctors," she told me, "that they would hang around my office in their spare time. Then I'd hand them their records to write. In this way, the records were kept up to date with a minimum of fuss. But the trustees actually told me I was too popular with the medical staff—and suddenly I was out of a job."

Can you imagine the trustees' interests being so opposed to those of the doctors that key workers would be discharged for taking sides? Yet anyone reading that hospital's minutes would think the two groups had no common goals. Most meetings, the record showed, were spent in bickering over small matters at issue between board and staff.

Here again, the solution was a joint meeting. The duties of each group were redefined. The trustees were told about situations they should keep their hands off. The doctors were shown where they had overstepped their limits. Perceptibly, the air began to clear.

"What fools we physicians have been, to yield control of our hospitals to laymen—who now presume to tell us what we can and cannot do." This plaint is heard at medical conventions all too often. It displays grievous lack of knowledge about the history and development of hospitals.

Doctors didn't originate hospitals for their own convenience. Charitable and religious organizations started them, for the benefit of the sick. There are times when physicians need to be reminded of this fact.

Consider, for example, a resolution adopted by one county medical society in the Midwest. It says, in effect, that any hospital failing to do right by the society's members will be blacklisted. The blacklisting is to take effect through a declaration that "membership on the attending staff of the offending hospital is incompatible with continuing membership in the medical society."

Think of the glee with which those who are working for socialized medicine greet such evidence of discord! Such resolutions hang as a dark cloud over harmonious relations between doctors and trustees.

I have often felt that strife within the hospital staff is venomous to a degree that one would expect only among blood relatives. Though it exists in but a small percentage of institutions, its devastating effect cannot be exaggerated.

In every case, the effect on medicine's public relations is woeful. The conflict cannot be concealed. The gossip percolates down through the hospital employes and out into

NEWS ABOUT A BAUER & BLACK PRODUCT

When it's a question of comfort as well as support...

BRACER Supporter Belt provides cool, mild, comfortable support for weak muscles

Your patients who need mild abdominal, sacrolumbar or scrotal support will be grateful for the comfortable support a *Bracer* provides.

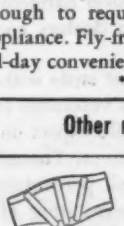
Woven of a light, cool, porous elastic webbing with a wide, 2-way-stretch waistband, *Bracer* fills the need for the patient who is unwilling to wear a mechanical brace, or whose ailment is not serious enough to require a special appliance. Fly-front pouch for all-day convenience.

*Reg. U. S. Pat. Off.

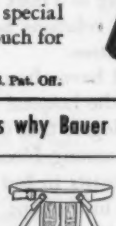
Bracer* SUPPORTER BELT

BAUER & BLACK

Other reasons why Bauer & Black is first in elastic supports



ABDOMINAL BELTS . . . made of strong surgical elastic.



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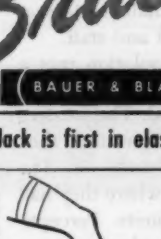
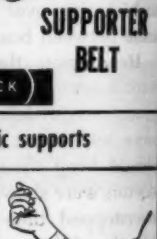


ELASTIC STOCKINGS . . . with 2-way stretch elastic.



TENSOR* Elastic Bandage . . . woven with live rubber thread.

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BAUER & BLACK, DIVISION OF THE KENDALL COMPANY, 2500 S. DEARBORN STREET, CHICAGO 16, ILLINOIS

the community. There the opponents of voluntary medicine use it to their own advantage.

In one hospital, the chief of staff greeted me by saying: "We're so glad you have come. We want you to crack down on some of the staff. They insist on doing major surgery, though they are not trained or qualified."

Doctors Need Policing

He went on to elaborate: "Several of the doctors never even had an interneship, yet all their patients seem to need surgery. Their technique is the roughest sort, with plenty of infections. They do lots of appendectomies and curettements, but refuse to let any tissues go to the pathologist. They won't even write any records. It's up to you to fix things."

This is not an isolated case. Such things go on in many small cities and in the suburbs of the larger ones. Yet my answer always has to be that no outside organization can interfere with the internal discipline of any hospital. It is the duty of the medical staff to police itself.

One proof that doctors are like other people is the dislike they show for coercion, either of themselves or of their colleagues. This amiable weakness allows little evils to grow up into big ones. Hence we have unnecessary operations and surgery by poorly-trained operators.

Maintaining high professional standards is up to the medical staff. How well they do this determines, to a large extent, the amount of friction. No non-medical board can smooth out the asperity that arises when the staff fails to enforce self-discipline.

Yet consider this quote: "I would never think of exposing my colleagues to the possibility of criticism. Who am I to judge them?"

That's what one chief of staff retorted angrily when I suggested that he ask the surgical committee to review several patients' records. Most of the patients had had hysterectomies. The records failed to show any indications for surgery. Some had no reports on examination of the tissues. In others, the pathologist seemed to have a hard time avoiding the word "normal." Result: a reputation for unnecessary surgery was damaging the good name of the hospital and of the profession.

When G.P.'s Rebel

One of the bitterest debates I ever sat through took place at a 100-bed hospital on the outskirts of a large city. For ten years the staff had been progressively raising standards, until it was one of the most highly-regarded hospitals in the area. But with the resurgence of the general practitioners, there began a serious conflict.

The detonator was a G.P. who had just returned from a medical convention. There he had listened to a paper on complete gastric resection. Though he'd had little surgical training, he soon began per-

forming this operation quite frequently.

The head of the surgical committee remonstrated. He pointed out that the pathology did not justify this procedure; that the G.P. was taking four hours or more for each operation; and that the condition of his patients afterward was deplorable. The G.P. persisted. Finally the surgical committee ruled that he had to have consultation before doing any further surgery.

Diplomates Sacked

At this point the staff G.P.'s kicked over the traces. They were strong enough to force replacement of all staff officers by their own group. All members of the surgical committee who were fellows of the American College of Surgeons or diplomates of the American Board of Surgery were removed.

The day I arrived on the scene, I sat through an angry four-hour session with all the hospital groups.

"We will tolerate no restrictions on what work we may do in major surgery or in any of the specialties," shouted the irascible new chief of staff. "Anyone who calls himself a general practitioner may do any work he desires in this hospital."

This is not an extreme example. Many hospitals have had their medical staffs torn by dissension on this subject. It is painful to see the deterioration in service—and in the good name of the profession—that follows.

Equally disturbing is the demand by certain specialty groups that their financial relations with hospitals be immediately and drastically changed. This has profoundly disturbed the equilibrium of many hospitals. Financial arrangements long regarded as equitable have now been brusquely painted as a modified form of slavery.

Nobody doubts that, in the long run, the desires of these specialty groups will be largely realized. For the present, it seems to a disinterested onlooker that more peaceful methods would benefit everybody.

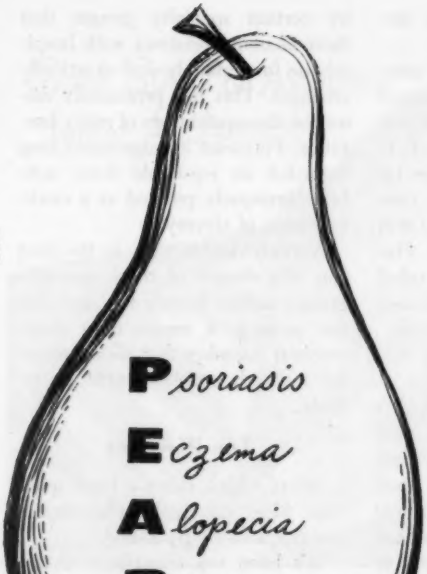
The Way Out

All of which raises a basic question: How can such difficulties in our hospitals be resolved?

It's been my experience that a standard series of questions helps lay the groundwork for a solution. They clarify the situation for the trustees and the medical staff, with a minimum of prompting by an outsider:

"How many of you have read the hospital charter and by-laws?" The only copy is usually in the office of the attorney or locked in a safe-deposit box. Those papers contain the information which, if known to all, would prevent most of the conflict.

"How many of you have read the chapters on the governing board, the director, and the medical staff, in Dr. Malcolm MacEachern's book 'Hospital Organization and Management'?" Frequently it comes as



conflicting ideas and conflicting therapies make constructive response difficult

In the treatment of many skin conditions, for example, the effectiveness of ointment medication may be largely nullified by the patient's use of ordinary soap which irritates the already inflamed area. Not so with MAZON therapy . . . when pure, mild MAZON SOAP is used for cleansing the skin and preparing it for the antipruritic, antiseptic, antiparasitic action of MAZON OINTMENT.

Prescribe MAZON Soap and Ointment

in the treatment of psoriasis, eczema, alopecia, ringworm, and other skin conditions not caused by or associated with systemic or metabolic disturbances.

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a complete surprise to all that there is a book clearly outlining the duties of each person in the hospital.

"How many of you have read the 'Manual of Hospital Standardization,' published by the American College of Surgeons?" All too often, the only copy is kept carefully locked in a drawer of the administrator's desk. It should be looked at frequently by medical staff and trustees.

"How many of you read regularly the leading hospital magazines?" These periodicals discuss hospital problems in clear, simple language. The way to good relations within the institution is well lighted.

Staff Education

Some administrators hold half-hour sessions weekly with the medical staff. Others are allowed fifteen minutes at each staff meeting. Here they present details of the budget, explain the reasons for administrative rulings, and discuss all matters that may be causing misunderstanding.

The average doctor's lack of interest in the business problems of hospitals has been discussed with many administrators. With a single exception, there has been a uniform reaction. They would welcome active, intelligent participation of medical staff members in such matters.

They feel that if the doctor is well informed he can allay much of the patient's resentment at the high cost of hospital care. Otherwise the physician may shrug his shoulders and say, "They don't even tell *me* where the money goes."

Many hospitals find it valuable to arrange a conference for the doctor newly admitted to staff privileges. Each department head describes the help that can be afforded by his group. The chief of staff and the administrator explain the new doctor's obligations to the hospital and to his colleagues. This makes for smooth sailing later on.

One-Year Appointments

Appointment of medical staff members for one year at a time has helped many groups purge themselves of those who disregard staff obligations. No matter how elaborately trained they may be, some physicians are not cut out to be team workers. Hospital staffs are better off without them.

The one-year rule provides a means of separating them quietly and without trial or publicity. The courts have recognized the validity of separating staff members via failure to renew a one-year appointment.

This is a time for physicians and hospitals to be working together in closest harmony. If they do so, there is a good chance for their survival as cooperating free agents. If they don't, we can look forward to being smothered under a blanket of politically-controlled bureaucracy.

Trouble at your hospital? Then what are *you* doing to ease the frictions? —LUCIUS W. JOHNSON, M.D.

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GLOBIN INSULIN

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**Clinical Evidence:-*

"...it was found that the characteristic activity of globin insulin and 2:1 mixture (of protamine zinc and regular) insulin is essentially the same."[1]

"Not often do either globin insulin or a 2:1 mixture require supplementary use of regular insulin. Fully 80% of all severe diabetics can be balanced satisfactorily with one of them."[2]

1. *Reeb, B. B., Rohr, J. H., and Colwell, A. R.: Pro. House Staff Dept. Med., Wesley Memorial Hosp., Chicago, Ill., Feb. 6, 1948.*

2. *Rohr, J. H., and Colwell, A. R., Proc. Amer. Diabetes Assn. 8:37, 1948.*

COMPLETE CLINICAL INFORMATION WILL BE SENT ON REQUEST

'Wellcome' brand Globin Insulin with Zinc, 'B. W. & Co.'® supplied in vials of 10 cc., U-40 and U-80

BURROUGHS WELLCOME & CO. (U.S.A.) INC., TUCKAHOE 7, NEW YORK

The Newsvane

$100 Seen as Typical Annual Health Bill

The average American family's medical and dental expenses run about $100 a year. This, at least, is the median amount named by people questioned during a recent Gallup Poll. They were asked: "About how much money would you say your family spent on doctor, dentist, and hospital bills last year (1949)?"

Here's how their answers break down:

Nothing	10%
Under $100	35
$100 to $300	35
Over $300	12
Don't know	8
Total	100%

Medical Officer Needs Shoot Skyward

With the doctor draft a reality, military planners last month looked for these results: a jump in volunteering (especially by those former ASTP's and V-12's at whom the new draft bill was chiefly aimed); a slight tapering off in mandatory calls to physician-reservists.

Before the bill had even been inscribed with the President's signature, doctor-enlistments started to edge upwards. The Army, looking toward the new law, halved its quota of M.D.-reservists to be called up. But the over-all press for medical officers wasn't likely to ease up. Reason: The military manpower goal for July 1951 had been hiked to 3 million men. And the figure might be raised again.

To provide medical care for these troops, up to 7,300 more physician-officers would have to be added to the 6,200 already in the military pool. That estimate, said the Pentagon brass, was about 5,300 above a similar estimate of doctor-needs made a month earlier.

The draft, plus volunteering, might provide half the doctors needed. Selective Service officials said its machinery would be set in motion "fairly quickly." But more than one observer predicted it would take several months to process and commission the first group of doctors to be inducted.

Until then, the burden of filling medical officer ranks would fall on physician-reservists. About a hundred a week were being called up during early September. At that point, the Army had orders out to more than 350 medical reserve officers and nearly 200 doctors of the

Can *Everything* be described?

Some advertisements are more difficult to write than others. What words, for instance, will tell you how handsome, yet how practical, Hamilton *Colortone* examining room equipment is? We can say—

. . . that any of the four distinctive new *Colortones* will bring a gracious note of color to your examining rooms

. . . that *Colortone* retains and enhances all the warmth and richness of fine, selected natural wood grains—hand-finished to perfection by Hamilton craftsmen

. . . that *Colortone* brings new beauty to any color scheme in any office

. . . that Hamilton equipment embodies 28 separate work-designed features to make your every office hour measurably more productive

Yet, in the final analysis, we'll have to rely on your own judgment and alertness to recognize that *Colortone* is a genuine innovation, an important departure. Be sure to ask your Hamilton Dealer about *Colortone* examining room equipment, soon.

For natural beauty it's *Colortone* . . . by Hamilton, of course!

Hamilton

Manufacturing Company • Two Rivers 16, Wisconsin

National Guard. The Navy was recalling about 550 reserve physicians. The Air Force was having more success in getting volunteers, had not yet resorted to mandatory calls.

NMA President Wants Compulsory Plan

"Voluntary health insurance will be just as unsuccessful in meeting the medical needs of our people as voluntary enlistment would be in the armed forces." So says Dr. C. Herbert Marshall, president of the National Medical Association. Compulsion, he asserts, is "absolutely essential if we are to reach the highest possible index of health."

He hasn't made up his mind whether the Government or private companies should run a compulsory program, says Dr. Marshall, adding: "With racial bias permeating so deeply into the insurance field, I would prefer the Government . . . until there is one fee scale and until Negro insurance companies have become strong enough to meet that scale."

Racial barriers are breaking down, Dr. Marshall recently told the NMA, reporting that colored physicians in the past year have been admitted to medical societies in Florida, Missouri, and the city of Baltimore. "At long last," he declared, "the National Medical Association has been recognized . . . by the American Medical Association."

Too Many V.A. Beds, Too Few Doctors

Pork-barrel politics has licked the Veterans Administration again. Despite angry opposition by Dr. Paul

B. Magnuson, V.A. medical chief, Congress recently approved a plan to provide 16,000 additional V.A. hospital beds over which the legislators have argued for more than a year.

"I couldn't use 16,000 more beds," Dr. Magnuson told a newsman before the vote was taken. "Some folks have the idea that all you do is spend $15,000 to provide one hospital bed and everything is fine. They forget that after the buildings are open it takes $12 a day per patient. That would be $70 million a year, for 16,000 beds."

He can't even use all the beds he now has, Dr. Magnuson points out. He mentions one hospital at Dublin, Ga. built by the Navy during the war and later turned over to the V.A. Dr. Magnuson authorized the use of 500 beds at Dublin. But he adds: "We've never been able to get enough staff for more than 300. We just can't find hospital technicians, nurses, and physicians willing to move there. I took the bull by the horns and ordered fifteen of our doctors down there. Eight promptly resigned."

On the Senate floor, Senator Paul Douglas (D., Ill.) vainly fought the 16,000-bed building program. He reported that of 105,000 hospitalized veterans, only 35,000 have service-connected ailments; 70,000 are getting free care for non-service-connected ills. Of a waiting list of 25,000—which had been cited as showing the urgent need of beds—only twenty-eight cases were service-connected, he declared.

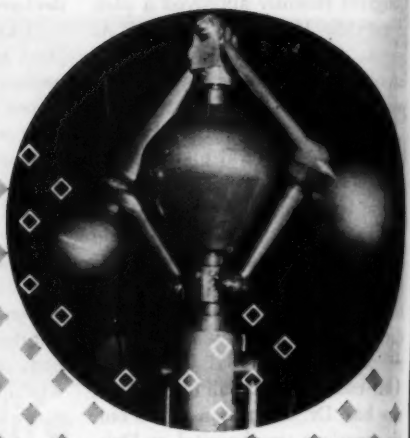
"I know," said Senator Douglas, "that no one wants to vote against medical care for veterans, whether or not these veterans are suffering from service-connected disabilities. I know it is an unpopular thing to do . . . [But] I believe that the United States has got to stop, look, listen, and study the cost of this hospital program. There must be a limit somewhere."

Congress looked and listened—but decided not to stop. The 16,000 beds were approved by an overwhelming voice vote.

Society's Ads Win National Honors

How good can public service advertising be? In the case of doctors, just about the best there is, says the American Newspaper Publishers Association. The publishers have singled out a campaign sponsored by the Santa Clara County (Calif.) Medical Society for inclusion in their annual "Blue Book" of the fifty best newspaper advertising campaigns of 1949. That puts the Santa Clara ads on a par with some of the best commercial copy produced by outstanding national agencies.

The award-winning ads were originally published in local newspapers. They tell, in lively, readable style, what American doctors are doing to promote good medical care for all. They describe the



CONTROL

Control of manufacture, under constant laboratory and clinical tests, assures the stability of Koromex Jelly and Cream, and sets a standard of consistent performance regardless of drastic temperature and climatic change. End results of this control are deeper penetration, firmer barrier action plus the fastest measurable spermicidal time.

ACTIVE INGREDIENTS: BORIC ACID 2.0% OXYQUINOLIN BENZOATE 0.02% AND PHENYLMERCURIC ACETATE 0.02% IN SUITABLE JELLY OR CREAM BASES

KOROMEX

A CHOICE OF PHYSICIANS

HOLLAND-RANTOS COMPANY, INC. • 145 HUDSON STREET, NEW YORK 13, N.Y.

MERLE L. YOUNGS, PRESIDENT

AMA's twelve-point program; the upsurge of voluntary sickness insurance; the physicians' Hippocratic oath; and many similar things.

Each ad contains the Santa Clara society's guarantee that its members will give medical service to any person, regardless of ability to pay. The wind-up: "If you are aware of anyone going without a physician's care simply because of financial reasons, please call our medical society office at once."

Red Cross Blood Units On Disaster Basis

The American Red Cross, once again the official blood-collecting agency for the armed forces, is shifting intc high gear. During World War II it drew 13.3 million pints from civilians, sending 12.6 million pints overseas in the form of dried plasma and serum albumin.

A month ago it alerted its thirty-four regional blood centers and forty-six mobile units for a possible national emergency. At that time, 677 Red Cross chapters were serving more than 1,900 hospitals in thirty-eight states. Collections averaged 63,200 pints a month for civilian use.

Chronic Illness Agency To Expand Program

More money will be needed next year to carry on the expanded program of the Commission on Chronic Illness, that agency reports. The commission was set up by the AMA and other national health and welfare agencies. It aims at coordinating the work of all persons and organizations engaged in caring for the chronically ill. Up to now most of its financial support has come from the AMA and from the TB, cancer, and heart associations.

The CCI has been gathering data all over the country, principally from medical societies, welfare agencies, health departments, and hospitals. Later it will bring the problem of chronic illness before the public and prepare programs of "concentrated action by local, state, and national agencies." It says it needs about $90,000 for such work in 1951.

Prognosis Poor for British Medicine

Five AMA investigators who conducted a six-week study of Britain's National Health Service earlier this year are convinced that the scheme cannot pay off. "In spite of the great amount expended for medical care in England," they report, "there is no present evidence that it has in any significant way improved the health of the people or added to their happiness."

Confirming the sad state of British medicine, the investigators point to some ominous by-products of the NHS:

Attitude of physicians: "The emphasis is on numbers rather than service. A physician can no longer

an effective agent to . . . .

MOBILIZE CHOLESTEROL

INOSITOL CSC

Accumulating evidence[1,2] is more firmly establishing the ability of inositol to reduce abnormally high blood cholesterol levels. This lipotropic agent activity has been demonstrated not only in patients with liver disease, but also in the presence of diabetes mellitus.[3]

Since hypercholesterolemia is regarded as a forerunner of atherosclerosis which in turn leads to local or generalized arteriosclerosis, inositol constitutes a sound weapon for the prevention or active treatment of degenerative arterial disease. Although the lipotropic activity of inositol is evident in the absence of all other therapy, the use of a high protein, low fat diet and the administration of other B complex vitamins is also advisable.

Inositol-C.S.C., supplied in 0.5 Gm. tablets, is indicated whenever lipotropic action of this substance is required. Average dose, 1.0 Gm. three times daily.

(1.) Felch, W. C.: New York Med. *5*:16 (Oct. 20) 1949. (2.) Leinwand, I., and Moore, D. H.: Am. Heart J. *38*:467 (Sept.) 1940. (3.) Felch, W. C., and Dotti, L. B.: Proc. Soc. Exper. Biol. & Med. *72*:376 (Nov.) 1949.

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION, 17 EAST 42ND STREET, NEW YORK 17, N.Y.

gain recognition by rendering better service and thus secure a financial reward in a paying private practice. If he is to survive financially, he must gain in numbers at the sacrifice of quality. Many fine and thoughtful physicians are caught in this dilemma and are striving to maintain standards and numbers by means of hard work or are suffering a frustration of the spirit almost intolerable. Others have adjusted their conscience to their economic needs."

Attitude of patients: "The patient is in a position to demand what he wants. He has an economic weapon that he does not hesitate to use. If he is not granted what he demands—whether it is an ambulance ride, a drug, reference to a hospital, or a certificate—he can remove himself, his family, and his friends from the doctor's list."

General practice: "The general practitioner in Great Britain, as we observed him, is no longer a free, independent professional person. His work tends to become more superficial as he is increasingly concerned with clerical and technical trivialities. His importance in diagnosis, in treatment, and in preventive medicine diminishes as these functions are increasingly taken over by specialists, health officials, midwives."

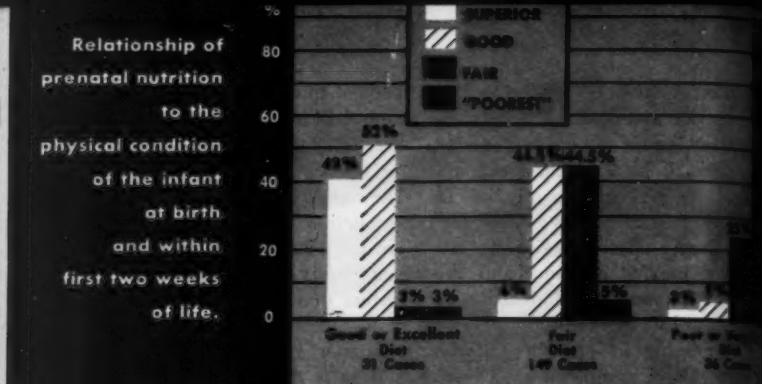
Government monopoly: "The physician has completely lost his independence, since he can no longer gain economic freedom outside the medical monopoly established and controlled by the state."

Future outlook: "Abuses of the service are evident everywhere. They must lead to more and more regulations, tighter enforcement, greater penalties for violation, further limitations on freedom, and further deterioration of the quality of medicine. In the end, the great consumer group will suffer most. Sad as is the state of the practitioner of medicine in Britain, the plight of medicine itself is more serious. But what is most to be deplored is the present and future effect on the quality of medical care received by the English people."

The probe was conducted by Drs. Walter B. Martin, Grover C. Penberthy, Heyworth N. Sanford, Ulrich R. Bryner, and Carl M. Peterson. Their final report—20,000 words long—was turned in recently to the AMA Board of Trustees.

Doctors Sit at Home For P.G. Seminar

High praise has come from New York City doctors for a new type of post-graduate education—radio seminars. An eight-week series of programs was sponsored in late summer by the New York Academy of Medicine and broadcast from the city's own FM station. Scheduled for late evening, after normal office hours, the programs were heard by thousands of doctors—and also by the general public. The lat-



PRENATAL DEFICIENCIES

The results of Prenatal Deficiencies cannot be corrected. They must be prevented!

"An overall relationship was found to exist between a good or excellent diet during pregnancy and good physical condition of the infant at birth, and between poor maternal diet and poor physical condition of the infant as shown in Figure 1."[1]

"It is obvious to anyone . . . that reproductive failure can result from quantitative and qualitative deficiencies of the mother's diet. Sterility, resorption or abortion of the fetus, stillbirth, prematurity, prolonged gestation and weakness of the offspring can be caused by dietary nutritional deficiencies."[2]

OBRON is specifically designed to conveniently and effectively safeguard against the hazardous effects of nutritional deficiencies throughout pregnancy and lactation.

1. Burke, B. S.: Nutritional Needs in Pregnancy in Relation to Nutritional Intakes as Shown by Dietary Histories, Obst. & Gynec. Survey, October 1948, pp. 719-720. (Figure 1. Courtesy of the Journal of Nutrition, 26, p. 569, Dec., 1943).
2. Warkany, J.: Experimental Studies on Nutrition in Pregnancy, Obst. & Gynec. Sur., Oct. 1948, p. 693.

EACH OBRON CAPSULE SUPPLIES

Dicalcium Phosphate, Anhydrous*	768 mg.
Ferrous Sulphate U.S.P.	64.8 mg.
Vitamin A (Fish-Liver Oil)	5,000 U.S.P. Units
Vitamin D (Irradiated Ergosterol)	400 U.S.P. Units
Vitamin B_1 (Thiamine Hydrochloride)	2 mg.
Vitamin B_2 (Riboflavin)	2 mg.
Vitamin B_6 (Pyridoxine Hydrochloride)	0.5 mg.
Vitamin C	37.5 mg.
Niacinamide	20.0 mg.
Calcium Pantothenate	3.0 mg.

*Equivalent to 15 grains Dicalcium Phosphate Dihydrate

OBRON... for the OB patient

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ter, said The New York Times, was willing to put up with medicine's "verbal monstrosities" in the hope of learning something new about disease.

The seminar, said to be the first of its kind, touched on such topics as the relationship of hormones to rheumatic disease; virus infection of the nervous system; the causes of arteriosclerosis; and the effect of a rice diet on metabolism. Each lecture was given by a leading authority connected with one of the area's medical schools.

Ethics May Conflict With Public Need

Where public interest is concerned, medical ethics must sometimes take a back seat. That's the opinion of Dr. John W. Truitt, president of the State Medical Society of Wisconsin. "Hundreds of hospitals and clinics [will] continue paying salaried physicians while collecting profit-producing fees from their patients," he predicts. "Thousands of well-trained nurses will continue to administer anesthetics, although this should be done only by a physician." If organized medicine called an abrupt halt to such practices, Dr. Truitt suggests, a good many hospitals would simply have to close down.

"Salaried physicians," he points out, "have been rendering and will continue to render excellent service to patients. Nurse anesthetists must continue to sit at the head of operating tables . . . The question of ethics is in reality a question of what is good for the public. As long as the public need is being properly served by whatever hospital-nurse-doctor-patient relationship exists in a certain area, the question of ethics should not assume an importance disproportionate to the health requirements of the community."

Mass-Screening Plan Called Illusory

Chest X-rays reveal tuberculosis. Blood tests reveal diabetes or syphilis. Mobile screening units (like the familiar X-ray trailer) already process millions of persons. Why not combine *all* mechanical diagnostic aids in big units so that vast numbers of people can get complete checkups on a production-line basis?

Much enthusiasm is being whipped up among public health men for this notion. But the North Carolina Medical Journal offers a dissenting opinion. No one should forget, the journal says, that only a doctor—not a machine—can make a medical diagnosis.

"The patient," it adds, "might enter one end of a group of trailer trucks, in which technicians would perform a serologic test for syphilis, a roentgenogram of the chest, an electrocardiogram, a blood sugar determination, and a urine examination. The blood pressure would be taken by a nurse. The physician

would presumably follow the cancer-screening technique, examining the mouth, skin, nodes, rectum, prostate, breast, or pelvis; he might also listen to the heart. The patient . . . suitably impressed . . . would then be 'referred to a physician for prompt treament.'"

There's only one thing wrong with this picture, says the journal; it doesn't mean much. The patient thus "has not had either a history or a satisfactory physical examination.

"Heart disease," it continues, "is detected earliest by the history—not by the roentgen shadow or electrocardiogram. Cancer of the stomach, one of the most common forms of malignancy, can be suspected only from the history . . . We still do not have available a dependable blood test for screening cases of cancer.

"It seems impossible to convince people that the individual doctor-patient relationship is not merely a sacred fetish handed down from antiquity . . . but the best method developed in 3,000 years for giving good, personal medical care. The history—when taken by a physician, not checked on a quiz sheet by the patient—is still the most important factor in diagnosis. Many studies have shown that at least 75 per cent of diagnoses are made correctly on the basis of the history.

"The public should not be deluded into believing that examination by machine can exclude or detect all incipient disease . . . The

(Reich, Button and Nechtow achieved 98% effective results, as reported in *Surgery, Gynecology and Obstetrics.**)

The problem of TRICHOMONIASIS resolves with ARGYPULVIS

Effective therapy of Trichomoniasis can now be achieved with this new development of ARGYROL. Supplemental home use of identical powders in capsule form solves the problem of better control in even stubborn cases.

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....in two convenient forms....

For Use by the Physician. 7-gram bottles fitting Holmspray or equivalent powder-blower (in cartons of 3).

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INTRODUCTORY TO PHYSICIANS: *On request we will send professional samples of ARGYPULVIS (both forms), together with a reprint of the Reich, Button and Nechtow report (Use coupon.)

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essential factor is the physician and not the machine."

Anti-Red Oath Stirs California Doctors

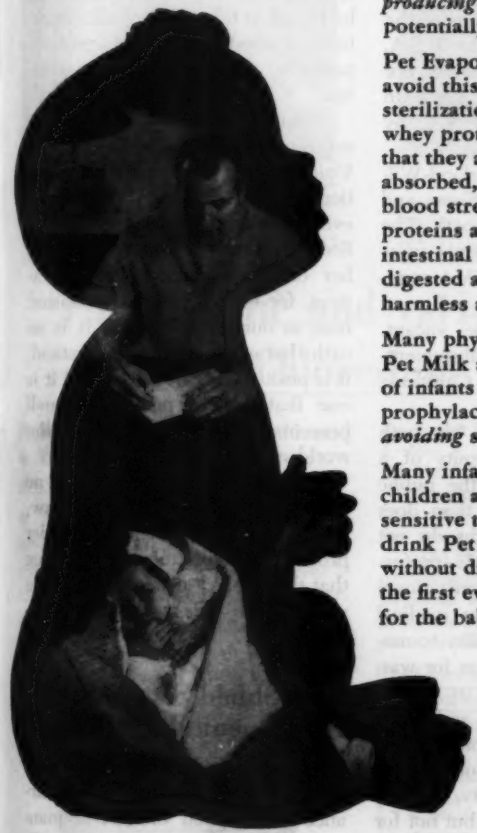
The anti-Communist loyalty oath, which has aroused bitterness and contention in academic circles, has also shaken up the California Medical Association. Its secretary-treasurer, Dr. L. H. Garland, has been replaced because he declined to take the oath newly prescribed by the CMA bylaws. And the editor of California Medicine, Dr. Dwight L. Wilbur, has taken the loyalty oath under protest.

Both men, in letters to the association, make it clear that they have no sympathy with communism. But they contend that the oath has no place in a nonpolitical, scientific organization. Moreover, they say, it is an ineffective measure, since Reds—by their own ad-

Cartoons

¶ The caption for the cartoon on page 157 was contributed by a practicing physician. Can you think of a gag line for this cartoon or for any other captioned cartoon in this issue? MEDICAL ECONOMICS will pay $10.00 for each caption accepted, or for any original cartoon idea with a medical slant. Address Medical Economics, Rutherford, N.J.

How Pet Milk Helps You in the Management of Potentially Allergic Infants



Food allergens are likely to be troublesome early in life . . . and because of the high incidence of inherited tendency to develop allergies, there is always the possibility of actually *producing* allergy in the potentially allergic infant!

Pet Evaporated Milk can help you avoid this problem. Heat-sterilization of Pet Milk removes whey proteins from solution so that they are not immediately absorbed, undigested, into the blood stream. Instead, these proteins are retained in the gastro-intestinal tract until they are digested and then absorbed as harmless amino acids.

Many physicians find that using Pet Milk as routine first feeding of infants is a valuable prophylactic measure in *avoiding* sensitization to milk.

Many infants, as well as older children and adults who are sensitive to other forms of milk, drink Pet Milk routinely and without difficulty! Try Pet Milk, the first evaporated milk, for the babies in your care!

Favored Form of Milk for Infant Formula

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mission—will take any oath without qualms of conscience.

The association had previously adopted a bylaw requiring every officer and employe to swear that "I do not belong and have not belonged to any organization advocating the overthrow or change of the form of government of the U.S.A. by violent or unlawful means, nor do I believe in changing the form of government of the U.S.A. by violent or unlawful means."

At the time of the Garland-Wilbur protests, all other officers and employes had taken the oath. The cases of the two dissidents were then considered by the CMA council, which declared the office of secretary-treasurer to be vacant. The two protests were subsequently published in full in California Medicine.

Dr. Garland held that "the oath is degrading to the dignity of a profession which holds the public weal in greater esteem than does perhaps any other. Oaths do not fight the Kremlin; deeds—professional, scientific, and organizational—do. The quality of our medical care in the U.S., our ability to mobilize for peace as well as for war, is what counts . . . Let us dismiss our officers, employes, and delegates for true cause—incompetence, dishonesty, neglect of duty, physical or mental incapacity, conviction of moral turpitude—but not for upholding the Constitution of the United States!"

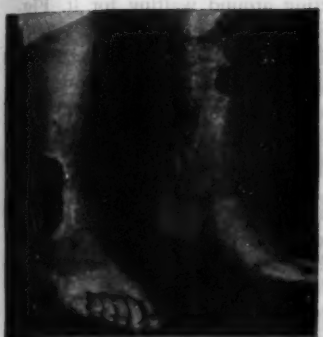
Dr. Wilbur protested with equal vigor. Among other things, he said: "Is any political oath really necessary for an officer of the California Medical Association? I do not believe it is. However, if the decision is made that it is necessary, let it be an oath that any American can be proud to take—that of allegiance to the United States and to protect, preserve, and defend its Constitution.

"This oath has been good enough for every President of the United States, for every Chief Justice of the Supreme Court, for every holder of high executive office, for every Senator and member of the House of Representatives, for every officer and enlisted man in our armed forces. It is an oath that everyone can understand, it is positive, not negative, and it is one that only a privileged small percentage of the people in the world can take."

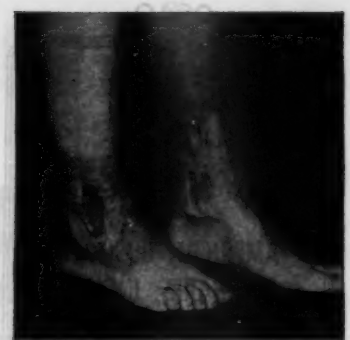
When the council said it had no choice but to enforce the bylaw, Dr. Wilbur took the oath "under protest and with the fervent hope that the [CMA] at its next meeting will abolish this troublesome requirement."

Blue Shield Sets New Enrollment Mark

This month's advertising campaign in behalf of voluntary health insurance is expected to give a man-sized boost to Blue Shield enrollment. But the physician-sponsored medical care plans haven't been



Varicose ulcers of nineteen years' duration. This is one of a series of 50 chronic ulcer cases in which the results of Chloresium Therapy were observed by a leading clinic.



Chloresium therapy brought this improvement in six weeks. Complete healing occurred one month later. Of the fifty cases studied, forty-eight showed marked improvement.*

For diabetic and varicose ulcers . . . use Chloresium Therapy

Stimulates growth of normal healthy tissue, deodorizes . . . clinically proved.

• In chronic ulcers, the *problem* is how to aid the healing of tissue not able to repair itself. The *answer* is Chloresium, the therapeutic *chlorophyll* preparations. Clinical reports on large series of such cases show that most of them responded rapidly to Chloresium's chlorophyll therapy—and healed completely in relatively short time.

Chloresium

Therapeutic Chlorophyll Preparations

Solution (Plain); Ointment; Nasal and Aerosol Solutions

Ethically promoted—at leading druggists

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From the Lahey Clinic Bulletin (Vol. 4, No. 8, April 1946): "Water-soluble chlorophyll containing ointment (*Chloresium*) has now been used at this clinic in more than 50 cases of the more chronic and difficult ulcers . . . (it) apparently excels any of the previously used agents . . . Many patients who had ulcers unhealed from one to eight years obtained complete healing in six to ten weeks."

Try Chloresium—it is nontoxic, bland, soothing and deodorizing.

*Guthrie Clinic Bulletin (Vol. 16, No. 1, July 1946). Complete report available on request.

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I want to try Chloresium Ointment and Chloresium Solution (Plain). Please send clinical samples.

*Dr.*_____

*Address*_____

*City*_____ *Zone*____ *State*_____

sitting around waiting for it. Figures just released show that 1,124,372 new subscribers were signed up during the second quarter of this year—the biggest quarterly membership jump in the plans' history.

Blue Cross, too, enrolled more than a million new members during the second quarter. The hospital plans now cover 24 per cent of the U.S. population.

TV View of Surgery Preferred by M.D.'s

Doctors who attend color-television "clinics" are deeply impressed by them. So report the Smith, Kline & French Laboratories, which sponsor such broadcasts. At one meeting, 91 per cent of the audience said they'd rather watch surgery on color television than from an amphitheater, and half said they'd prefer it to a place at the operating table.

To help doctors who appear on

Anecdotes

¶ MEDICAL ECONOMICS will pay $5-$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Address Medical Economics, Rutherford, N.J.

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Sanitizaire provides the profession with the nearest and best solution to odor and bacterial problems. Foul odors are eliminated. Airborne bacteria is substantially reduced. The air is kept clean and sweet. Sanitizaire is constantly effective.

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its programs, the company has issued a small booklet explaining television technique. Sample hints: "Your narration will be picked up through a small microphone placed in your mask . . . *Sotto voce* asides are all right if you don't care whether the audience hears them . . . You will also wear a small, plasic earpiece through which you will receive occasional instructions from the director . . . It is suggested that drapes be dyed either a pale blue or pale green."

Says Half of Disabled Could Be Salvaged

One of every two hospital patients disabled by chronic disease could be rehabilitated and discharged. That's the conclusion of Dr. Marcus D. Kogel, New York City Commissioner of Hospitals, and Dr. Howard A. Rusk, nationally known authority on disability. They base it on data produced in the first year of a rehabilitation program at Goldwater Memorial Hospital, a municipal institution devoted solely to chronic cases.

The project is the first large-scale attempt to train disabled people to care for themselves and, in some cases, to earn a living. The unit has 100 beds and is the focus of all Goldwater's services in the rehabilitation program, which is open to the hospital's 1,000 patients.

In the first year, 150 persons were admitted to the program; fifty have been discharged either

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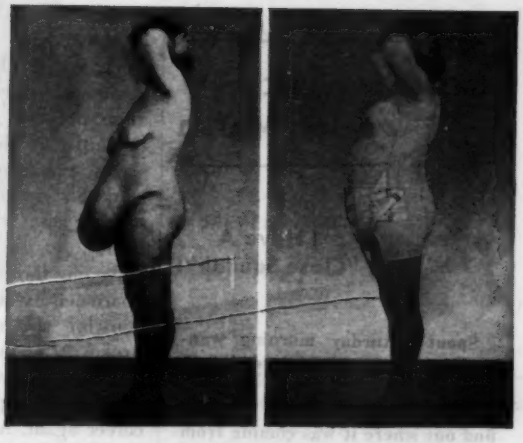

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support for this hernial patient

A Spencer as shown was applied January, 1947. Within 6 months, reduction of hernia and loss of body bloat was such that the patient's dress size was reduced from 52 to 44. She now leads an active life, appreciates the cosmetic results.

Individually designed for her specific needs, Spencer improves her posture, supports the abdominal wall, raises the diaphragm, uplifts the ptosed breasts. Made of non-elastic materials, the support will not yield or slip under strain, assuring maximum *safety*. Benefits are continuous—because each Spencer is guaranteed NOT to lose its shape. A support that stretches or otherwise loses its shape loses its effectiveness.

Spencer Supports for men, women, and children are each individually designed for each patient.

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to jobs or to live self-sufficiently at home. Nine were able to go to work, while others freed family members for employment. Thirty more patients, discharged to other wards, are able to care for themselves, releasing nurses for other work. Sixty patients are completing training and will be discharged later.

Among those rehabilitated was a pharmacist who had been bedridden for six months following a stroke. After one month of special training, he was able to return home and prepare to take up his career again. Another patient, hospitalized for ten years by hardening of the arteries and resultant amputation of both legs, is now walking on artificial limbs and is able to care for himself.

Doctors Seen Bartering Rights for U.S. Aid

Evidence is piling up, says Dr. Joseph S. Lawrence, that Government grants to the states for health projects involve a lot of Federal control. As director of the AMA's Washington office, he has seen "literally hundreds" of requests from state groups for Federal aid. And he says that the people who make these requests "are not disturbed, as I am, over the price paid for such grants."

In the old days, says Dr. Lawrence, people who thought their state should start a certain project went about trying to get public support for it. "Now," he declares,

* *In neuromuscular dysfunction*

Physotropin is an important adjunct in the treatment of neuromuscular dysfunction, as it tends to facilitate nerve impulse transmission. Physotropin employs the antagonism between Physostigmine and Atropine to remove the undesirable actions of the former without restricting its effect on the cranial nerves and skeletal muscles. Prescribe Physotropin. Your pharmacist can supply it.

Indications: Rheumatoid Arthritis • Bursitis • Anterior Poliomyelitis • Traumatic Neuromuscular Dysfunction • Myasthenia Gravis

Supplied: *Injectable Solution of Physotropin is supplied in 10 cc Rub-R-Top vials and Physotropin tablets in containers of 100, 500 and 1,000.*

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"they come to Washington and lobby for a Federal appropriation. They feel that, armed with a Federal contribution, they can go back home and induce the state to assume a financial share of the project. They use Washington as a brokerage house, willing to exchange some of their own prerogatives for Federal assistance.

"On a single day recently," he adds, "there appeared at the House Appropriations Committee room, twenty-seven physicians from wide areas of the United States, petitioning for the committee to increase the appropriation for the National Institute for Mental Hygiene. Federal control of state activities, which so many dread and fear, more often follows a stimulus from the outlying districts than from the Federal Government. Therefore, the abolition of Federal control must begin at home."

Back in 1937, when the first extensive Government health grants were made, the states did not always use them properly, says Dr. Lawrence. "Hence Congress felt the need of drafting more specific regulations. In the health field, the subsidy program is still young and probably will be developed much further as time goes on. Contributing factors . . . will be the states' shrinking limits in taxation and an inability to confine health problems [by state boundaries].

"Cancer, tuberculosis, and heart disease are national problems. Medical education is a national problem. States without medical

in the constipation of pregnancy

...there is often need to control biliary dyskinesia as well as intestinal stasis. These demands are specifically met in the formula of Caroid and Bile Salts Tablets which provide a threefold action as a

choleretic...to produce increased bile flow

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help reestablish normal function.

When they are routinely employed, Caroid and Bile Salts Tablets bring about complete relief from the syndrome of biliary dyskinesia and intestinal stasis in most women.

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schools are financially indebted to states conducting such schools—and no adequate or fair way has been devised for the repayment of this interstate obligation. My concern over extension of the grants-in-aid program, therefore, lies chiefly in the way the grants are administered. My quite real concern is that the Federal Government will actually take over certain state functions to which it makes grants."

Test 'Super Policy' for High Medical Costs

Prepayment plans go just so far in paying medical costs. Then the patient must take over. Obviously, this is a burden when a case runs into the hundreds or thousands of dollars. Can a form of "super" insurance be developed to cover "catastrophic" sickness costs?

The Liberty Mutual Insurance Company has been trying out such a plan for several years and is encouraged by the results. It had no actuarial data to start with, so it issued pilot policies to see what would happen. One was for a group of men earning $6,000 or more a year. They were already covered by a standard policy. Under Liberty's "excess medical expense plan"—

¶ The first $300 in medical costs for any one case is paid by the subscriber (who is presumably reimbursed by the standard policy).

¶ Then the "excess" policy pays 75 per cent of costs in excess of

Short-Cut to increased service

With hospital facilities taxed to capacity, and the unprecedented demands now being made upon physicians in private practice, SHORTER AMBULATORY PERIODS can contribute toward faster bed availability . . . additional time for urgent, private calls.

The American-Comper INVALID and ORTHOPEDIC WALKER

is designed to get patients back on their feet in the shortest possible time—under the safest conditions. An invaluable convalescent aid in orthopedic, fracture, paralytic and post-operative work.

Important Clinical Advantages

Tends to overcome fear psychosis in patients . . . inspires confidence against tripping or falling.

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Assures stabilized weight distribution with smooth ambulatory motion.

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Affords free application of leg exercises and encourages general muscular development.

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Use of safety strap provides against patient collapsing to the floor in the event of strength failure in hands or arms.

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$300 and up to $1,500 in a one-year period for a single illness. Additional illnesses get the same coverage.

¶ In chronic cases running beyond a year, the annual limit is $1,500; total limit, $3,000.

¶ Coverage includes physicians', surgeons', and nurses' fees; hospital and clinic charges; drugs, dressings, and appliances.

One year's experience suggests that a subscriber should pay about $24 a year for such coverage, plus $36 for dependents. These are tentative figures, says Liberty. It found that higher-income people buy the plan readily, while those earning under $5,000 are not much interested. Such persons, it concludes, will take their own chances on "catastrophic" sickness costs if they are insured against the more common expenses of illness.

Uncle Sam Seen Helping All But American Ill

If people were cattle, the Government would spend vast sums to keep them well. But human life doesn't seem too important, dollar-wise, so relatively little Federal money has been put into medical research. This is a cockeyed philosophy and poor business to boot, says Industrialist Ben May.

Heart disease and cancer could be licked just as pneumonia has been licked, says Mr. May, if Congress would subsidize a full-scale program of research. It doesn't hesitate to spend $50 million to

fight hoof-and-mouth disease in cattle, he comments; but it draws back where human beings are concerned.

"We have a country where the people spend over $1 billion a year for soda water and chewing gum . . . $50 million for electric trains and $50 million for Christmas trees . . . $200 million for potato chips. We have a Government which for years spent more for research projects concerning animals than it spent on medical research concerning the health of its citizens.

"This generous country has given billions to UNRRA and tens of millions to countries like Korea, Iran, and Yugoslavia. It has money in quantity for everything except the one thing which could save it the most money and make its people the most blessed on earth."

Self-Testing to Aid Diabetes Campaign

At least a million Americans have diabetes and don't know it. A number of them may be uncovered next month during Diabetes Week (Nov. 12-18). At least that's the hope of the American Diabetes Association, which reports that last year's detection campaign turned up 7,500 cases. Since then, self-testing for glycosuria has been approved in principle by the AMA House of Delegates—a fact that leads the ADA to predict a "greatly improved detection record" this year.

During Diabetes Week, the ADA

let's not get in this fix!

You're hearing a lot about x-ray films getting tighter . . . but right now we don't see empty bins in prospect unless people lose their heads piling up films. That's the sure *quick* way to a return of rationing and all that.

What to do? *Put your trust in a reliable supply source and relax.* Past experience is a present comfort to the many who have learned that Picker is a staunchly dependable source for the films and supplies it takes to keep an x-ray department running.

There are Picker Service Depots and Sales Offices in principal cities of the U.S. and Canada: all alertly at your service in providing x-ray apparatus, accessories, and supplies. Picker X-Ray Corp., 300 Fourth Ave., N.Y. 10

a *dependable* source of supply

will help local medical societies launch community-wide programs to screen individuals for signs of the disease. The association has just published a "Diabetes Guidebook for the Physician," an 80-page handbook that will be in the hands of every private practitioner before the fall drive gets under way.

Newspapers Rap Ewing's 'Right' to Lobby

Oscar R. Ewing, now notorious for his "bad press," did little to improve it by telling a Congressional committee that it's his "duty" to lobby for compulsory sickness insurance. He had a bad time trying to explain to unfriendly committee members why his six-week trip to Europe, at Government expense, was an "official mission." He admitted touring the U.S., also at Government expense, to make thirty-three speeches. Under severe questioning, he conceded that sixty-five full-time Government publicity men helped write them.

The publicity that followed was not propaganda, Ewing insisted. But he couldn't explain this quotation from one of his speeches: "The President's sound and forward-looking social program will set the tone for the work of Congress this year. And such partisan or selfish opposition as may develop will receive its full come-uppance when the voters elect an 82nd Congress next fall."

Pressed for an explanation, he told the committee that it was not

Nisulfazole does not cure Chronic Ulcerative Colitis!

• This new, specialized sulfonamide does raise to a higher standard the chemotherapeutic aspect of the "truly miserable affliction."

A recent finding has been advanced as the immediate cause of nonspecific ulcers in the colon. If sustained, this engaging concept will remove much of the unruliness of the disease; the unpredictability of treatment.

Meanwhile the proven facts have led clinicians to say that "Nisulfazole has given better results than any therapy previously used." And "its efficacy in controlling the active stages of ulcerative colitis is unquestioned."

Nisulfazole (paranitrosulfathiazole) carries a nitro radical on its benzene nucleus. It is easily administered directly into the colon, to act locally. It does not enter the circulation significantly; no systemic toxicity is seen, even though administration is continued.

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only his right but his duty to promote the compulsory program proposed by the President. He revealed that his "report" to Mr. Truman—based on the "findings" of the National Health Assembly—was published at a cost of $20,000. The Government paid the bill.

These disclosures brought on a barrage of editorial criticism from the nation's press. Typical was the comment of the Charlottesville (Va.) Daily Progress:

"It looks as if [Ewing] has an odd notion of his job. He was chosen to administer his agency, not to promote its expansion and thus enhance his own power. The FSA embraces the Social Security Administration, the Public Health Service, the Office of Education, and several other units. Just keeping them in running order is a pretty big assignment.

"There are plenty of other individuals and groups who can argue in behalf of a health program. If Ewing thinks that's his job, then FSA needs a new administrator."

Cancer Drive Sparked by Private Physicians

What happens when all the private practitioners in one area start their own cancer crusade? The Hillsdale County (Mich.) Medical Society provides a graphic answer. Its all-out cancer detection program got going in January 1948, is already reaping national laurels.

Latest accolade for the Hillsdale

*ALSO KNOWN AS DETTOL

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DETT *THE MODERN WEAPON AGAINST INFECTION*

Plan is a full-length report in the Woman's Home Companion. To get the program started, says the magazine, "the doctors called in four lecturers from the University of Michigan to give them a refresher course in cancer detection. One man was an expert on cancer of the skin, another on cancer of the breast, the third on the womb, the fourth on the rectum. When the courses were finished, every Hillsdale doctor knew the most advanced methods of discovering an early cancer.

"Then they got busy, with the help of community leaders, to arouse public interest. The news went out that the doctors were on a crusade against cancer, that full examinations were available at the same cost as any other physical examination."

From then on, physicians routinely examined patients for cancer, no matter what the symptoms. Almost at once, they began to turn up cases in the early stages and were able to institute successful treatment.

Summing up the results, one Hillsdale doctor reported: "We are finding twice as many cases as we used to in the early stages, when treatment is almost always successful. We are letting only half as many cases reach the hopeless stage. If this work cost thousands of dollars and took up a full day a week of every doctor's time, it would still be worth doing. But it costs practically nothing—and not one of us is any more pressed for time than he was before."

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Absolute safety for patient and operator.

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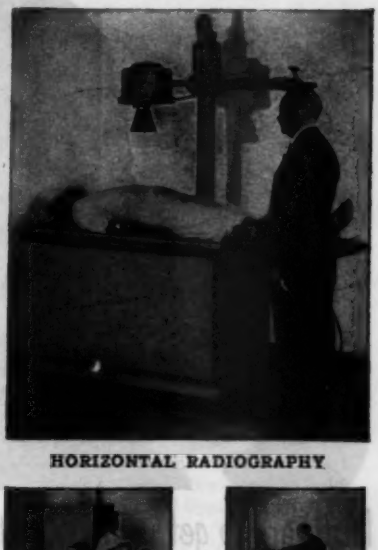

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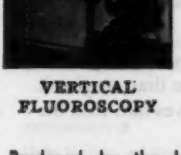

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SUBJECT INDEX TO

Medical Economics

JANUARY-SEPTEMBER 1950

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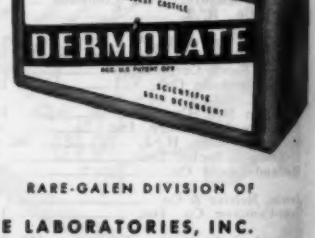

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